

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 741848

1. Entity Name

LOCH LOMOND CLUB SHOUTH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

8457 W. ~~Oakland~~ Pk. Blvd.
Sunrise, FL 33351

Mailing Address

P.O. Box ~~451418~~
Sunrise, FL 33345

2. Principal Place of Business

c/o Castle Management, Inc.

3. Mailing Address

c/o Castle Management, Inc.

Suite, Apt. #, etc.

4450 W. Sunrise Blvd., C-100

Suite, Apt. #, etc.

P.O. Box 189013

City & State

Plantation, FL

City & State

Plantation, FL

4. FEI Number

59-1921551

Applied For

Not Applicable

Zip

33313

Country

US

Zip

33318

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Barbara E. ~~Waters~~, Diversified MA
8457 W. ~~Oakland~~ Park Boulevard
Sunrise, FL 33351

7. Name and Address of New Registered Agent

Name
Castle Management, Inc.
Street Address (P.O. Box Number is Not Acceptable)
4450 West Sunrise Boulevard
Suite C-100
City
Plantation FL Zip Code
33313

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Gail H. Sangunett

Gail H. Sangunett, VP - Administration 1/12/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME Houck, Gladys
STREET ADDRESS 3000 NW 5th Terrace
CITY-ST-ZIP Pompano Beach, FL

TITLE VD ☐ Delete
NAME Romanini, Robert
STREET ADDRESS 3000 NW 5th Terrace, #125
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE STD ☐ Delete
NAME McCartney, Lynn
STREET ADDRESS 3001 NW 4th Terrace, #146
CITY-ST-ZIP Pompano Beach, FL

TITLE D ☒ Delete
NAME Senuik, Michelle
STREET ADDRESS 3001 NW 4th Terrace, #191
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gladys E. Houck

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gladys E. Houck, President 2/26/01 (954) 792-6000

Date

Daytime Phone #

FILED

Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90009 041 ****61.25

A0035160

DO NOT WRITE IN THIS SPACE

CR2E037 (1/1/00)