

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747882

1. Entity Name

COUNTRY CLUB VILLAGE AT TUSCAWILLA HOMEOWNERS AS

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90013 048 ****61.25

Principal Place of Business 238 N. WESTMONTE DR STE 260 ALTAMONTE SPRINGS FL 32714 US	Mailing Address P O BOX 161606 ALTAMONTE SPRINGS FL 32716-1606 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 225 S. Westmonte Drive Suite, Apt. #, etc. Suite 2050 City & State Altamonte Springs, FL Zip 32714	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA
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4. FEI Number 59-2130020	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PFAUSER, MARGO 238 N. WESTMONTE DR #260 ALTAMONTE SPRINGS FL 32714	7. Name and Address of New Registered Agent Name Margo A. Pfauter Street Address (P.O. Box Number is Not Acceptable) 225 S. Westmonte Drive Suite 2050 City Altamonte Springs, FL Zip Code 32714
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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 Margo A. Pfauter Margo A. Pfauter 4-11-2000
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAKER, HELEN 1182 WINGED FOOT CIR E WINTER SPRINGS FL 32708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/Bowman, Sam ☐ Change ☒ Addition 1366 Pebble Beach Cir W Winter Springs FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FEENY, BOB ☒ Delete 1349 AUGUSTA NATIONAL BLVD WINTER SPRINGS FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIT Coll, Robert ☐ Change ☒ Addition 1048 Pebble Beach Cir W Winter Springs FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOMEZ, JOSEPH ☒ Delete 1058 PEBBLE BEACH CIR. E. WINTER SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Flanagan, Kevin ☐ Change ☒ Addition 1342 Augusta National Blvd Winter Springs FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUPP, BETTY ☒ Delete 1153 WINGED FOOT CIR. W WINTER SPRINGS FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOODS, DAN ☐ Delete 1180 WINGED FOOT CIR E. WINTER SPRINGS FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRANDELL, RICHARD ☐ Delete 1140 WINGED FOOT CIR W. WINTER SPRINGS FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: HELEN N. BAKER 4/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)