2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State
06-07-2001 90003 033 ****61.25

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DO NOT WRITE IN THIS SPACE

1. Entity Name

COUNTRY CLUB VILLAGE AT TUSCAWILLA HOMEOWNERS AS

Principal Place of Business	Mailing Address
225 S. WESTMONTE DR STE 2050 ALTAMONTE SPRINGS FL 32714 US	P O BOX 161606 ALTAMONTE SPRINGS FL ~~32714~~ 32716-1606 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
PFAUSER, MARGO 225 S. WESTMONTE DR South STE 2050 ALTAMONTE SPRINGS FL 32714	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

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		
				☐ Change	☒ Addition
TITLE	PD	☐ Delete	TITLE	D	
NAME	BAKER, HELEN		NAME	Redmond, Larry	
STREET ADDRESS	1182 WINGED FOOT CIR E		STREET ADDRESS	1037 Pebble Beach Cir W	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP	Winter Springs, FL 32708	
				☐ Change	☒ Addition
TITLE	~~PD~~ SECY	☐ Delete	TITLE	D	
NAME	BOUMAN, SAM Bowman		NAME	Gonzales, Luis	
STREET ADDRESS	1366 ~~PEBBLE BCH CIR W~~ AUGUSTA NATL. BVD		STREET ADDRESS	1351 Augusta National Blvd	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP	Winter Springs FL 32708	
				☐ Change	☐ Addition
TITLE	TD	☐ Delete	TITLE	DVP	
NAME	COLL, ROBERT		NAME	Conti, Donald	
STREET ADDRESS	1048 PEBBLE BCH CIR W.		STREET ADDRESS	1036 Pebble Beach Cir E.	
CITY-ST-ZIP	WINTER SPRINGS FL		CITY-ST-ZIP	Winter Springs, FL 32708	
				☐ Change	☒ Addition
TITLE	D	☒ Delete	TITLE	D	
NAME	FLANAGAN, KEVIN		NAME	Rossi, John	
STREET ADDRESS	1342 AUGUSTA NATIONAL BLVD		STREET ADDRESS	1022 Pebble Beach Cir E	
CITY-ST-ZIP	WINTER SPRINGS FL		CITY-ST-ZIP	Winter Spring, FL 32708	
				☐ Change	☒ Addition
TITLE	D	☒ Delete	TITLE	D	
NAME	WOODS, DAN		NAME	Scholtz, Kenneth	
STREET ADDRESS	1180 WINGED FOOT CIR E.		STREET ADDRESS	1142 Winged Foot Cir W	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP	Winter Springs FL 32708	
				☐ Change	☒ Addition
TITLE	D	☒ Delete	TITLE	D	
NAME	CRANDELL, RICHARD		NAME	ELIZABETH LARSEN	
STREET ADDRESS	1140 WINGED FOOT CIR W.		STREET ADDRESS	1007 PEBBLE BEACH E	
CITY-ST-ZIP	WINTER SPRINGS FL 32708		CITY-ST-ZIP	WINTER SPRINGS, FL 32708	

CR2E037 (10/00)

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: SIGNATURE REQUIRED 6/4/01 407 359-8242