2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State
03-26-2002 90029 045 ****61.25

DOCUMENT # 747882

1. Entity Name

COUNTRY CLUB VILLAGE AT TUSCAWILLA HOMEOWNERS AS SOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

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 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 _____
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	PD Donald Conti 1036 Pebbk Beach Circle E. Winter Springs, FL 32708 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BOWMAN, SAM 1366 AUGUSTA NATL BLVD WINTER SPRINGS FL 32708	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Diane Santquist 1390 Augusta Natl Blvd. Winter Spring, FL 32708 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COLL, ROBERT 1048 PEBBLE BCH CIR W. WINTER SPRINGS FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Joe Dysard 1354 Augusta Natl Blvd Winter Spring, FL 32708 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSSI, JOHN 1022 PEBBLE BEACH CIRCLE EAST WINTER SPRINGS FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHOLTZ, KENNETH 1142 WINGED FOOT CIRCLE WEST WINTER SPRINGS FL 32708	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D James Pitts 904 Augusta Natl Blvd Winter Spring, FL 32708 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARSEN, ELIZABETH 1007 PEBBLE BEACH EAST WINTER SPRINGS FL 32708	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Larry Redmond 1037 Pebbk Beach Circle East Winter Springs, FL 32708 ☐ Change ☒ Addition

CR2E037 (9/01)

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 3/12/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #