

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 15, 2003 8:00 am
Secretary of State

09-15-2003 90159 006 ****61.25

DOCUMENT # 759666

1. Entity Name

SCOTSDALE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**C/O EMILE GAULIN, CHAIRMAN
545 KIRKLAND CIRCLE
DUNEDIN FL 34698
US**

Mailing Address

**SCOTSDALE HOMEOWNERS ASSN
P.O. BOX 1741
DUNEDIN FL 34697
US**

2. Principal Place of Business

**C/O TOM GORMAN, CHAIRMAN
Suite, Apt. #, etc.
515 KIRKLAND CIR**

3. Mailing Address

Suite, Apt. #, etc.

City & State
DUNEDIN FL

City & State

Zip
34698

Country
USA

Zip

Country

4. FEI Number **59-2243529**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GAULIN, EMILE MR.
545 KIRKLAND CIRCLE
DUNEDIN FL 34698**

7. Name and Address of New Registered Agent

Name **MR. TOM GORMAN**
Street Address (P.O. Box Number is Not Acceptable)
515 KIRKLAND CIRCLE
City **DUNEDIN** FL Zip Code **34698**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **TOM GORMAN, CHAIRMAN**

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

(NOTE: Registered Agent signature required when reinstating)

08-SEPT-2003

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P GAULIN, EMILE MR. 545 KIRKLAND CIRCLE DUNEDIN FL 34698	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V ZAGEEBAUM, ELAINE MS 508 MACLEOD TERRACE DUNEDIN FL 34698	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T BAZLEY, JACKSON MR 570 KIRKLAND CIRCLE DUNEDIN FL 34698	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P GORMAN, TOM MR. 515 KIRKLAND CIR DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S HOGG, JERRY MR. 530 KIRKLAND CIRCLE DUNEDIN FL 34698	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **JACKSON BAZLEY, TREASURER** **08-SEPT-2003** **727-736-8244**

CR2E037 (4/03)