

**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**



CHECK HERE IF MAKING CHANGES

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

4. FEI Number **59-2243529**

Applied For
 Not Applicable

Zip **34698** Country **USA**

Zip Country

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

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

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**

08-SEPT-2003

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|---|---------------------------------|
| 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 ZAGEBAUM, 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 | 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** **727-756-8244**

CR2E037 (4/03)