

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 770783**

1. Entity Name

TROUT LAKE VILLAGE HOMEOWNERS ASSOCIATION, UNIT**FILED**
Jun 19, 2001 8:00 am
Secretary of State

06-19-2001 90430 025 ****61.25

C0071476

DO NOT WRITE IN THIS SPACE

Principal Place of Business % 620 E. TARPON AVE. TARPON SPRINGS FL 34689	Mailing Address % 620 E. TARPON AVE. TARPON SPRINGS FL 34689
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2. Principal Place of Business 600 E. Tarpon Ave.	3. Mailing Address 600 E. Tarpon Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tarpon Springs, FL	City & State Tarpon Springs, FL
Zip 34689	Zip 34689
Country	Country

4. FEI Number 59-2625886	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent**SCHOLL, DONALD E.
115 SOUTH SPRING BLVD.
TARPON SPRINGS FL 33589****7. Name and Address of New Registered Agent**

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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOLL, DONAL E 115 SOUTH SPRING BLVD. TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST SCHOLL, DONALD E. 115 SOUTH SPRING BLVD. TARPON SPRINGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOLL, DONALD E. 115 SOUTH SPRING BLVD. TARPON SPRINGS FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHILO, PATRICIA J. 1024 FORBES TRACE TARPON SPRINGS, FL 00000 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOLL, ROBERT 115 S. SPRING BLVD TARPON SPRINGS FL 34689 <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	<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	<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	<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: DONALD E. SCHOLL 6/13/2001 727-937-3111**

CR2E037 (10/00)