

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 770783

Entity Name

TROUT LAKE VILLAGE HOMEOWNERS ASSOCIATION, UNIT 1, INC.

Principal Place of Business

Mailing Address

600 E TARPON AVE
TARPON SPRINGS FL 34689

600 E TARPON AVE
TARPON SPRINGS FL 34689

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2625886

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

SCHOLL, DONALD E.
115 SOUTH SPRING BLVD.
TARPON SPRINGS FL 33589

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

1. NAME PD
2. STREET ADDRESS SCHOLL, DONAL E
3. CITY-STATE-ZIP 115 SOUTH SPRING BLVD.
TARPON SPRINGS FL 34689 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

1. NAME VST
2. STREET ADDRESS SCHOLL, DONALD E.
3. CITY-STATE-ZIP 115 SOUTH SPRING BLVD.
TARPON SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

1. NAME D
2. STREET ADDRESS SCHOLL, DONALD E.
3. CITY-STATE-ZIP 115 SOUTH SPRING BLVD.
TARPON SPRINGS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

1. NAME D
2. STREET ADDRESS PHILO, PATRICIA J.
3. CITY-STATE-ZIP 1024 FORBES TRACE
TARPON SPRINGS, FL 00000 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☒ Change ☐ Addition
Dawn Marie Scholl
1155 Spring Blvd
Tarpon Springs FL 34689

1. NAME D
2. STREET ADDRESS SCHOLL, ROBERT
3. CITY-STATE-ZIP 115 S. SPRING BLVD
TARPON SPRINGS FL 34689 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

1. NAME
2. STREET ADDRESS
3. CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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 live empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/02 727-937-3111

CR2E037 (9/01)