

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 05, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90014 040 \*\*\*\*61.25

**DOCUMENT # N00000002455**

1. Entity Name

**LOT OWNERS ASSOCIATION OF BOSCHERT'S SUBDIVISION**

Principal Place of Business

604 CRESTWOOD RD.  
HOLMES BEACH FL 34217

Mailing Address

604 CRESTWOOD RD.  
HOLMES BEACH FL 34217

2. Principal Place of Business

~~NO 1 HUNTINGTON FOREST~~

Suite, Apt. #, etc.

3072 DeVilla Trail

City &amp; State

St. Charles, MO

Zip

63301

Country

3. Mailing Address

~~1 HUNTINGTON FOREST~~

Suite, Apt. #, etc.

3072 DeVilla Trail

City &amp; State

St. Charles, MO

Zip

63301

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

43-0948906

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

ROSS, MICHAEL W  
604 CRESTWOOD RD.  
HOLMES BEACH FL 34217

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 ☒ PTDC  
NAME BOSCHERT, VIRGINIA 3072 ☐ Delete  
STREET ADDRESS ~~1 Huntington Forest~~ DeVilla Trail  
CITY-ST-ZIP St. Charles, MO 63301TITLE ☒ VSDM  
NAME OSTENDORF, JUDITH 3072 ☐ Delete  
STREET ADDRESS ~~1 Huntington Forest~~ DeVilla Trail  
CITY-ST-ZIP St. Charles, MO 63301TITLE ☒ Bob Cox ☐ Delete  
NAME  
STREET ADDRESS 7408 Riverview Drive  
CITY-ST-ZIP Bradenton FL 34209TITLE ☐ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3072 DeVilla Trail  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 3072 DeVilla Trail  
CITY-ST-ZIPTITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 *Judith Ostendorf* **RECEIVED** Ostendorf

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/01

(636)441-3195

Date

Daytime Phone #

CR2037 (10/00)