

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90135 036 ****61.25

DOCUMENT # N00091

1. Entity Name

VILLAS AT CYPRESS RUN - WEST OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2669 ST ANDREWS BLVD
 TARPON SPRINGS FL 34689

2669 ST ANDREWS BLVD
 TARPON SPRINGS FL 34689

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2344333

Applied For

Not Applicable

Zip

Country

Zip

Country

34688

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

VAN SCHENCK, STEFAN
 2602 ROYAL LIVERPOOL DR
 TARPON SPRINGS FL 34689

Name

Hal Fisher

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

3619 Royal Liverpool Dr

City

Tarpon Springs

FL

Zip Code

34688

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

Hal Fisher

Hal Fisher

3/18/02

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

TITLE DS ☐ Delete
 NAME GARRITY, THOMAS
 STREET ADDRESS 922 GULLANE DR
 CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☒ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS 34688
 CITY-ST-ZIP DP

TITLE D ☐ Delete
 NAME FISHER, HAL
 STREET ADDRESS 2619 ROYAL LIVERPOOL DR
 CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☒ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS 34688
 CITY-ST-ZIP

TITLE DP ☒ Delete
 NAME VANSCHENCK, STEFAN
 STREET ADDRESS 2602 ROYAL LIVERPOOL DR
 CITY-ST-ZIP TARPON SPGS FL 34689

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

TITLE DVP ☐ Delete
 NAME BINGHAM, DANIEL
 STREET ADDRESS 2600 ST. ANDREWS BLVD
 CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☒ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS 34688
 CITY-ST-ZIP

TITLE DT ☐ Delete
 NAME RYAN, DANIEL
 STREET ADDRESS 962 GILLANE DR
 CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☒ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS 962 GULLANE DR.
 CITY-ST-ZIP 34688

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME DVP
 STREET ADDRESS Charles Godfrey
 CITY-ST-ZIP 2639 Royal Liverpool Dr
 Tarpon Springs, FL 34688

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: *Daniel P. Ryan* 3/18/02 727 9372960

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)