

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N10015

1. Entity Name

THE CLUBHOUSE CONDOMINIUM ASSOCIATION, INC.

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90068 011 ****61.25

Principal Place of Business 179 BOUNDARY BLVD. #12-A ROTONDA WEST FL 33947	Mailing Address 900 PINE ST 126 ENGLEWOOD FL 34223-4457 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0026459	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HOPP, WILLIAM MICHAEL 177 BOUNDARY BLVD 5C ROTONDA WEST FL 33947
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOPP, WILLIAM M 177 BOUNDARY BLVD., 5-C ROTONDA WEST FL 33947 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAPPY, RUBY 175 BOUNDARY BLVD., 5-B ROTONDA WEST FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOWNSEND, JAMES 175 BOUNDARY BLVD., 8-B ROTONDA WEST FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WOOD, ROBERT 175 BOUNDARY BLVD #1B ROTONDA WEST FL 33947 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORWIG, RUTH 177 BOUNDARY BLVD #4C ROTONDA WEST FL 33947 ☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAISLR, GENE 175 BOUNDARY BLVD #4B ROTONDA WEST FL 33947 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ 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: Michael Hoff, President 3-13-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)