2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
05-05-2002 90069 006 ****61.25

DOCUMENT # N20096

1. Entity Name

RACQUET CLUB VILLAS AT HEATHROW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2180 W SR 434 STE 5000 SENTRY MANAGEMENT, INC. LONGWOOD FL 32779	2180 W SR 434 STE 5000 SENTRY MANAGEMENT, INC. LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2912844 ☐ 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
HART, JAMES W, JR 2180 W SR 434 STE 5000 LONGWOOD FL 32779	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DUETK, ALENE B 260 WIMBLEDON CIR. HEAHTROW FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BARWICK, BILL 240 WIMBLEDON CIR HEATHROW, FL 32746	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HALEY, SUSANNE 113 WIMBLEDON CIR HEATHROW FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BLEDSOE, BILL JR 227 WIMBLEDON CIR HEATHROW, FL 32746	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRANG, LORNA 248 WIMBLEDON CIR HEATHROW FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GUCKERT, JOHN 112 WIMBLEDON CIR HEATHROW, FL 32746	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DELETOILE, ODETTE 239 WIMBLEDON CIR HEATHROW FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEELE, WALTER 235 WIMBLEDON CIR HEATHROW, FL 32746	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, MARIANNE 228 WIMBLEDON CIR HEATHROW FL 32746	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD TABB, CARA 231 WIMBLEDON CIR HEATHROW FL 32746	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SECRETARY/TREASURER BARWICK 3-20-02 407-P330326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #