

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90010 008 \*\*\*\*70.00

**DOCUMENT # N26197**

1. Entity Name

**WENTWORTH PROPERTY OWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

%PRESIDENTIAL DEVELOPEMENT CORPORATION  
 6601 W BROAD ST  
 RICHMOND VA 23230

%PRESIDENTIAL DEVELOPEMENT CORPORATION  
 6601 W BROAD ST  
 RICHMOND VA 23230-1723

2. Principal Place of Business

**WENTWORTH GOLF CLUB, INC**

3. Mailing Address

**WENTWORTH PROPERTY OWNERS' ASSOC.**

Suite, Apt. #, etc.

**2990 WENTWORTH Way**

Suite, Apt. #, etc.

**PO Box 1787**

City & State

**TARPON SPRINGS FL**

City & State

**TARPON SPRINGS FL**

Zip

**34689**

Country

**USA**

Zip

**34688-1787**

Country

**USA**

4. FEI Number

**59-2950703**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYES STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **MR. TONY McDOWELL**  
 Street Address (P.O. Box Number is Not Acceptable)  
**662 RICHMOND CLOSE**  
 City **TARPON SPRINGS** FL Zip Code **34689**

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

*T. R. McDowell*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**3/1/00**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	GRACE, CHRISTOPHER M	4247 W ADAMS, STE 1	PHOENIX AZ 85009	<input checked="" type="checkbox"/>
VD	KEENER, DENNIS G	2990 WENTWORTH WAY	TARPON SPRINGS FL 34689	<input checked="" type="checkbox"/>
STD	LIBUTTI, L.D.	6603 W. BROAD ST.	RICHMOND VA	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
P/D	McDOWELL, TONY	662 RICHMOND CLOSE	TARPON SPRINGS FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V/D	KATZ, RICHARD	530 ISLEWORTH CLOSE	TARPON SPRINGS FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T/D	CAMISASCA, SUSAN	2952 WENTWORTH WAY	TARPON SPRINGS FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	ZACHARY, JANET	2849 ROEHAMPTON CLOSE	TARPON SPRINGS FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	FRANCIS, WILLIAM	3033 KENSINGTON TRACE	TARPON SPRINGS FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	FREEMAN, ERNEST	2960 WENTWORTH WAY	TARPON SPRINGS, FL 34689	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

*T. R. McDowell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**3/1/00**

Daytime Phone #

**813-263-0831**

CR2E037 (9/99)