

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37880

1. Entity Name

THE ENCLAVE OF SUGARMILL WOODS PROPERTY OWNER'S

Principal Place of Business

96 W CYPRESS BLVD
HOMOSASSA FL 34446
US

Mailing Address

PO BOX 1750
HOMOSASSA SPRINGS FL 34447-1750
US

2. Principal Place of Business

30 ENCLAVE PT. SO.

3. Mailing Address

Suite, Apt. #, etc.

City & State

HOMOSASSA, FL

City & State

City & State

Zip

34446

Country

Zip

Country

Country

4. FEI Number

65-0286737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNKERTED G
30 ENCLAVE PT SO.
HOMOSASSA FL 34446

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 ~~BO~~ DIRECTOR / V.P. ☐ Delete
NAME FANELLI, ANTHONY X
STREET ADDRESS 26 EBCLAVE PT S
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE VD ☒ Delete
NAME HARRIS, JAMES
STREET ADDRESS 10 ENCLAVE PT S
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE SD ☒ Delete
NAME DUNKER, TED G
STREET ADDRESS 30 ENCLAVE PT S
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE VD ☐ Delete
NAME BECKER, RICHARD
STREET ADDRESS 11 ENCLAVE PT SO.
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE PD ☐ Delete
NAME HOWARD, E. MORRIS
STREET ADDRESS 10 NORFOLK LANE WEST
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DIRECTOR / SEC Y ☐ Change ☒ Addition
NAME PATRICIA STEFFEN
STREET ADDRESS 9 ENCLAVE PT. SO.
CITY-ST-ZIP HOMOSASSA FL 34446

TITLE DIRECTOR / V.P. ☐ Change ☒ Addition
NAME SEBASTIAN FAILLA
STREET ADDRESS 4 NORFOLK LANE WEST
CITY-ST-ZIP HOMOSASSA FL 34446

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

TITLE DIRECTOR / PRES ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR / V.P. ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)