

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90111 008 ****61.25

DOCUMENT # N37880

1. Entity Name

THE ENCLAVE OF SUGARMILL WOODS PROPERTY OWNER'S

Principal Place of Business

Mailing Address

**30 ENCLAVE PT SO
HOMOSASSA FL 34446
US**

**PO BOX 1750
HOMOSASSA SPRINGS FL 34447
US**

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

65-0286737

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

**DUNKE, TED G
30 ENCLAVE PT SO.
HOMOSASSA FL 34446**

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	DV FANELLI, ANTHONY X 26 ENCLAVE PT S HOMOSASSA FL 34446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS STEFFEN, PATRICIA 9 ENCLAVE PT SO HOMOSASSA FL 34446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNKER, TED G 30 ENCLAVE PT S HOMOSASSA FL 34446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BECKER, RICHARD 11 ENCLAVE PT SO. HOMOSASSA FL 34446	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HOWARD, E. MORRIS 10 NORFOLK LANE WEST HOMOSASSA FL 34446	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FAILLA, SEBASTIAN 4 NORFOLK LANE W ST HOMOSASSA FL 34446	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR GLEN LATHAM 17 ENCLAVE PT. S. HOMOSASSA, FL 34446	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **TED DUNKER**
TREASURER 3-9-01 352-382-5577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03/13/21

CR2E037 (10/00)