

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2002 8:00 am
Secretary of State

02-03-2002 90010 017 ****61.25

DOCUMENT # N37880

1. Entity Name

THE ENCLAVE OF SUGARMILL WOODS PROPERTY OWNER'S ASSOCIATION, INC.

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

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 C
 30 ENCLAVE PT SO.
 HOMOSASSA FL 34446**

Name

DUNKER, TED C

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 **DV** ☐ Delete
 NAME **FANELLI, ANTHONY X**
 STREET ADDRESS **26 ENCLAVE PT S**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

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

TITLE **DS** ☐ Delete
 NAME **STEFFEN, PATRICIA**
 STREET ADDRESS **9 ENCLAVE PT SO**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

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

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

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

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

TITLE **S** ☐ Change ☒ Addition
 NAME **MARGARET TRUTY**
 STREET ADDRESS **34 ENCLAVE PT. SO.**
 CITY-ST-ZIP **HOMOSASSA, FL 34446**

TITLE **D** ☐ Delete
 NAME **LATHAM, GLEN**
 STREET ADDRESS **17 ENCLAVE POINT S**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

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

TITLE **DV** ☐ Delete
 NAME **FAILLA, SEBASTIAN**
 STREET ADDRESS **4 NORFOLK LANE W ST**
 CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **D** ☒ 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 #

1-19-02 352-382-557

C-17216

CR2E037 (9/01)