

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39340

1. Entity Name

WEST CROSSBECK COURT HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business

C/O ANITA SCHMECK
9054 S RICHTOP TERR
HOMOSASSA FL 32646
US

Mailing Address

C/O ANITA SCHMECK
9054 S RICHTOP TERR
HOMOSASSA FL 32646
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

59-3111101

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

SCHMECK, ANITA
9054 S RICHTOP TERRACE
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

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMECK, ANITA	
STREET ADDRESS	9054 S. RICHTOP TERR	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERRIN, DONALD F.	
STREET ADDRESS	320 US HIGHWAY 41 SO.	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRETTY, GRACE M	
STREET ADDRESS	320 US HIGHWAY 41 SO.	
CITY-ST-ZIP	INVERNESS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donald F. Perrin 1/09/01 352-726-6967

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0076138

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90099 020 ****61.25



DO NOT WRITE IN THIS SPACE