

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90020 040 ****61.25

DOCUMENT # N97000003970

1. Entity Name

FISHHAWK RANCH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

15310 AMBERLY DRIVE
SUITE 310
TAMPA FL 33647

Mailing Address

3550 BUSCHWOOD PARK DDR
SUITE 135
TAMPA FL 33618

2. Principal Place of Business

3550 Buschwood Park Dr

3. Mailing Address

3550 Buschwood Park Dr

Suite, Apt. #, etc.

Suite 135

Suite, Apt. #, etc.

Suite 135

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33618

Country

USA

Zip

33618

Country

USA

4. FEI Number

59-3478166

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

GALARIS, SEAN
% STERLING MGT
1301 SEMINOLE BLVD #172
LARGO FL 33770

7. Name and Address of New Registered Agent

Name: Pete Williams
Street Address (P.O. Box Number is Not Acceptable): 3550 Buschwood Park Drive
Suite 135
City: Tampa FL Zip Code: 33618

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 NAME STREET ADDRESS CITY-ST-ZIP	PD WHYTE, W D 15310 AMBERLY DRIVE SUITE 310 TAMPA FL 33647	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STDV SMITH, KEVIN 15310 AMBERLY DRIVE SUITE 310 TAMPA FL 33647	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONALDSON, LORENA 15310 AMBERLY DRIVE SUITE 310 TAMPA FL 33647	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 15310 Amberly Drive, Suite 105 Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D McDonald, Kary 15310 Amberly Drive, Suite 105 Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D/S/T Scott, Rhonda 15310 Amberly Drive, Suite 105 Tampa, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)