

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90173 006 \*\*\*\*61.25

**DOCUMENT # N98000001125**

1. Entity Name

**LUGANO COURT HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

**713 CENTER CREST BOULEVARD  
 DAVENPORT FL 33837**

Mailing Address

**713 CENTER CREST BOULEVARD  
 DAVENPORT FL 33837-7115**

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

**59-2933876**

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

7. Name and Address of New Registered Agent

**SAGER, TEODOR**  
**713 CENTER CREST BOULEVARD**  
**DAVENPORT FL 33837**

*resigned*

Name **Wm. English**

Street Address (P.O. Box Number is not Acceptable)

**9 Lugano Court**

City **Davenport**

**FL**

Zip Code **33837**

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 **PD**  Delete  
 NAME **SAGER, THEODORE J**  
 STREET ADDRESS **713 CENTER CREST BOULEVARD**  
 CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VPD**  Delete  
 NAME **SAGER, ANNALIESE F.**  
 STREET ADDRESS **713 CENTER CREST BOULEVARD**  
 CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **STD**  Delete  
 NAME **SAGER, ANDREAS M**  
 STREET ADDRESS **713 CENTER CREST BOULEVARD**  
 CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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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 an other like empowered.

SIGNATURE:

**SIGNATURE** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4-20-2000*

Date

Daytime Phone #

CR2E037 (9/99)