

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90050 014 ****61.25

DOCUMENT # N99000005685

1. Entity Name

THE CLASSIC TOWNHOMES OF WEST PARK VILLAGE ASSOCIATION, INC.



Principal Place of Business

**3974 TAMPA ROAD
B
OLDSMAR FL 34677**

Mailing Address

**PO BOX 2157
OLDSMAR FL 34677**

2. Principal Place of Business

4131 Gunn Hwy

Suite, Apt. #, etc.

3. Mailing Address

4131 Gunn Hwy

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33624

Country

Zip

33624

Country

4. FEI Number **59-3657544**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

22005037



6. Name and Address of Current Registered Agent

**HANSON, JACK
3974 TAMPA ROAD
B
OLDSMAR FL 34677**

7. Name and Address of New Registered Agent

**Denise Schek, LCAM
Greenacre Properties, Inc.
4131 Gunn Highway
Tampa, FL 33624**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☒ Delete
NAME **SCHILLER, BRYAN**
STREET ADDRESS **10007 TATE LANE**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **DVP** ☒ Delete
NAME **NOVAK, JOHN**
STREET ADDRESS **9427 WEST PARK VILLAGE DRIVE**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE **DST** ☐ Delete
NAME **WITONSKI, MARIA**
STREET ADDRESS **10017 TATE LANE**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
NAME **Novak, John**
STREET ADDRESS **9427 West Parke Village Dr.**
CITY-ST-ZIP **Tampa, FL 33626**

TITLE **VPD** ☐ Change ☒ Addition
NAME **Schiller, Marcie**
STREET ADDRESS **10007 Tate Lane**
CITY-ST-ZIP **Tampa, FL 33626**

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

02/03/03

CR2E037 (10/02)