

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

04-02-2002 90904 040 ****61.25

DOCUMENT # N30343

1. Entity Name

EAGLE PRESERVE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

9690 EAGLE PRESERVE DRIVE
 ENGLEWOOD FL 34224
 US

Mailing Address

9690 EAGLE PRESERVE DRIVE
 ENGLEWOOD FL 34224
 US

2. Principal Place of Business

9690 EAGLE PRESERVE
 Suite, Apt. #, etc.

3. Mailing Address

9690 EAGLE PRESERVE DRIVE
 Suite, Apt. #, etc.

City & State

Englewood, FL

City & State

Englewood, FL

Zip

FL 34224

Country

U.S.

Zip

FL 34224

Country

U.S.



DO NOT WRITE IN THIS SPACE

650208695

4. FEI Number

APPLIED FOR

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

Name

J. H. FATUM

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

991 EAGLE PRESERVE DR.

City

Englewood

FL

Zip Code

33946-3370

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

TREASURER

J. H. FATUM

25 MAR 02

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 | DP | <input checked="" type="checkbox"/> Delete |
| NAME | DZUAK, JOE | |
| STREET ADDRESS | 9221 EAGLE PRESERVE DRIVE | |
| CITY-ST-ZIP | ENGLEWOOD FL 34224 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | STOLFA, FRANK | |
| STREET ADDRESS | 9961 EAGLE PRESERVE DRIVE | |
| CITY-ST-ZIP | ENGLEWOOD FL 34224 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | YOUSEF, NABILA | |
| STREET ADDRESS | 9751 EAGLE PRESERVE DRIVE | |
| CITY-ST-ZIP | ENGLEWOOD FL 34224 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | HODSON, PETER | |
| STREET ADDRESS | 9600 EAGLE PRESERVE DRIVE | |
| CITY-ST-ZIP | ENGLEWOOD FL 34224 | |
| TITLE | ASD | <input checked="" type="checkbox"/> Delete |
| NAME | NOYEN, JOHN | |
| STREET ADDRESS | 10191 ARROWHEAD DRIVE | |
| CITY-ST-ZIP | PUNTA GORDA FL 33955 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | F. Stde | |
| STREET ADDRESS | 9961 EAGLE PRESERVE DR. | |
| CITY-ST-ZIP | ENGLEWOOD FL 34224 | |
| TITLE | VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | John Noyen | |
| STREET ADDRESS | 10191 ARROWHEAD DRIVE | |
| CITY-ST-ZIP | PUNTA GORDA, FL 33955 | |
| TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | John H. FATUM | |
| STREET ADDRESS | Box 3370 | |
| CITY-ST-ZIP | Placida, FL 33946-3370 | |
| TITLE | Same | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | ASST. SECTY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Donna L Moore | |
| STREET ADDRESS | P.O. Box 1033 | |
| CITY-ST-ZIP | BOCA GRANDE FL 33921 | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

J. H. FATUM - TREASURER

25 MAR 02 941-697-8607

CR2E037 (9/01)