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

## DOCUMENT # 704050



## FILED Feb 03, 2003 8:00 am Secretary of State

1. Entity Nam	ne	# 704050 ES COMMUNITY ASS		02-03-2003 9004							
Principal Place P.O. BOX 5357 WINTER PARK	•	3	Mailing Address P.O. BOX 5357 WINTER PARK FL 32793								
2. Principal F	Place of Busin	ess	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. FEI Number 59-6211008 Applied For Not Applied For			_	
Zip Country		\ Zip Co		Country	5. Certificate of Status Desired		\$8.75 Additional Fee Required				
6. Name and Address of Current Regis				ered Agent			7. Name and Address of New Registered Agent				ĺ
CULLENS, TOMMY L 757 RANGER BLVD WINTER PARK FL 32792					City	Street Address (P.O. Box Number is Not Acceptable)  2822 Lianheart Road					
the obligat	tions of regist	y submits this statement for eyed agent.  or printed name of registered agent are:  FEE IS \$61.25	lest	AAVI	A. TA : Registered Agent sign	LBER	RT Treasure	- 24 Nake C	heck Payable	100.2 to	
10.		OFFICERS AND DIRI	ECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AN	ID DIRECTORS IN	10	ĺ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DAVID HEART RD. ARK FL 32792		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD			_ Change	☐ Addition	5037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Bonar, J	AMES IS DEER RD.		☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			on the second se	☐ Change	☐ Addition	2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ANTHONY 2837 SCAI	TAMATHA		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD			<b>⊠</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CULLENS, 757 RANG WINTER P		- 1807-64	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TUR 742	NER Robe Monmouth tex Park Fi	rta Way 32792	Change Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	THILE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
12 I hereby o	cortify that the	information supplied with t	bio filipa dae	on not qualify for	the exemption of	atad in Sa	ction 119 07/3\/i) Ele	ride Statutan I furtha	r partifu that the in	formation	

indicated on this report or supplied with this him goes not quality 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:**