

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90034 024 ****61.25

DOCUMENT # 765526
 1. Entity Name
VERSAILLES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 902 VERSAILLES CR MAITLAND FL 32751 US	Mailing Address 902 VERSAILLES CR MAITLAND FL 32751-4558 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2300448	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BARRY, TODD 902 VERSAILLES CR MAITLAND FL 32751	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: **TODD BARRY** 1/25/00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: SMYTH, MIKE STREET ADDRESS: 956 VERSAILLES CR CITY-ST-ZIP: MAITLAND FL	<input type="checkbox"/> Delete	TITLE: P NAME: SMYTH, MIKE STREET ADDRESS: 958 VERSAILLES CR CITY-ST-ZIP: MAITLAND, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: WOHLWENDER, NANETTE STREET ADDRESS: 945 VERSAILLES CR CITY-ST-ZIP: MAITLAND FL	<input checked="" type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PD NAME: BARRY, TODD STREET ADDRESS: 902 VERSAILLES CIRCLE CITY-ST-ZIP: MAITLAND FL 32751	<input type="checkbox"/> Delete	TITLE: D NAME: BARRY, TODD STREET ADDRESS: 902 VERSAILLES CR CITY-ST-ZIP: MAITLAND FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: MINKOW, DAVID STREET ADDRESS: 917 VERSAILLES CIRCLE CITY-ST-ZIP: MAITLAND FL 32751	<input type="checkbox"/> Delete	TITLE: D NAME: MINKOW, DAVID STREET ADDRESS: 917 VERSAILLES CR CITY-ST-ZIP: MAITLAND, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: T NAME: HARPER, DAN STREET ADDRESS: 906 VERSAILLES CR CITY-ST-ZIP: MAITLAND FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: D NAME: BEGON, BURT STREET ADDRESS: 918 VERSAILLES CR CITY-ST-ZIP: MAITLAND, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: **DAN HARPER** 1-25-00 407-306-7124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)