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

DOCUMENT # N0100001280

## **FILED** May 14, 2003 8:00 am Secretary of State 04-28-2003 90217 047 \*\*\*\*61.25

EUGEWA	TER PLACE HOMEOWNERS	ASSOCIATION, INC.								
Principal Place of Business 2180 W SR 434 STE 5000 LONGWOOD FL 32779		Mailing Address 2180 W SR 434 STE 5000 LONGWOOD FL 32779						5564	0918	
	Place of Business	3. Mailing Address		<u></u>	-					
Suite, Apt. #, etc.		Suite, Apt, #, etc.			-	CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI	4. FEI Number 59-3709333			opplied For	
Zip	Country	Zip	· Co	untry .	'5.~Cer	rtificate of Sta	tus Desired	\$8.75 Ac Fee:Requir	iditional ed be	
	6. Name and Address of Curren	t Registered Agent	-	Alomo	7. Nar	me and Addr	ess of New Register	red Agent		
LIANT MARIE MARIE		Name		Name		<u></u>				
HART, JAMES W JR 2180 W SR 434 STE 5000		Street Ad		Street Address	s (P.O. Box Number is Not Acceptable)					
LONGWOOD FL 32779										
			1	City				FL Zip Cox	de	
	named entity submits this statement fitions of registered agent.	or the purpose of changing its	register	ed office of regist	tered agent	t, or both, in th	ne State of Florida. I	am familiar with	, and accept	
SIGNATURE	Signature, typed or printed name of registered agen	f and title if applicable. (NOTE	Registere	d Agent signature requi	red when reinst	tating)	DA DA			
		<del></del>	<del></del>						<del></del>	
	FILE NOW: FEE IS \$61.25	9. Election Carr Trust Fund C			Added to		Florida De	eck Payable partment of	State	
10.	OFFICERS AND D	Trust Fund C	ontributi	ion.	Added to	o Fees		DIRECTORS IN	State	
10. TITLE	OFFICERS AND DI	Trust Fund C	11.	(on.	Added to ADDITION	ns/CHANGE	Florida De	partment of	State	
10.	OFFICERS AND DI STD SMOUSE, DARIN	Trust Fund C	11.	E ,	Added to ADDITION TD EFF MU	NS/CHANGE	Florida De	DIRECTORS IN Change	N 10	
10. TITLE NAME	OFFICERS AND DI	Trust Fund C	11. TITLE	E J	ADDITION TD EFF MU 0210 H	NS/CHANGE	Florida Oe	DIRECTORS IN Change	N 10	
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if mede 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 attaching it with an address, with all other like empowered.

SIGNATURE: 스