2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am s Secretary of State **DOCUMENT # N01096** 1. Entity Name HOMES ON THE PARK HOMEOWNERS ASSOCIATION, INC. 04-16-2002 90057 003 ****61.25 Principal Place of Business Mailing Address 412 OAK AVENUE 412 OAK AVENUE SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2405774 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARKS, JAMES A. Street Address (P.O. Box Number is Not Acceptable) 312 W. FIRST ST. SUITE 401 SANFORD FL 32771 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Addition CR2E037 (9/01 Change CLAYTON, ANN NAME NAME 412 OAK AVE STREET ADDRESS STREET ADDRESS SANFORD FL 32771 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition CLAYTON, HENRY NAME NAME 412 OAK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-7IP SANFORD FL-CITY-ST-ZIP SEC TITLE ☐ Delete TITLE Change ☐ Addition WEBB, DEBORAH NAME NAME inger 404 OAK AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD FL 32771 CITY-ST-ZIP תד Delete TITLE Addition PADGETT ROBERTA NAME NAME 420 S OAK AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

2. 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 OF PRINTED NAME OF SIGNING OFFICER OF DIRECT

04/08/02 407-330-2091

FILED