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

FILED Feb 26, 2003 8:00 am Secretary of State

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** Citity Harrie	IT # NO820: HOMEOWNERS ASS					01-13-200	03 90845 02	2 01.2
Principal Place of Busi 548 THAMES CIRCLE P.O. BOX 948 LONGWOOD FL 32750	ness	Mailing Address P.O. BOX 948 LONGWOOD FL 32750-27	739	WA I				
2. Principal Place of B	usiness	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF		
City & State		City & State		4. F.	El Number 59		WARING CHAIN	Applied For
Zip	Country	Zip	Country		ertificate of Sta		\$8.75	Not Applicab Additional
6. Na:	ne and Address of Current	Registered Agent	·			ess of New Regi	Tee Re	quired
MARTIN, CARLEE	يب الرفيد سيبيها		Name		7-7-1	Odd UI INGH FION	stered Agent	
540 THAMES CIRC LONGWOOD FL 37			Street	Address (P.O. Box	× Number is No	ot Acceptable)		
•	÷.		City					
8. The above pages on	ity submits this statement to						FL Zip (Code
	d or printed name of registered agent a	and title if applicable. (NOTE	e: Registered Agent sign:	ature required when reinst			Date	th, and accept
SIGNATURESignature, type	d or printed name of registered agent a	9. Election Cam Trust Fund Co	E: Registered Agent sign. Ipaign Financing ontribution.	ature required when reinst \$5.00 Added to	May Be	Make (DATE Check Payable operatment of	le to f State
SIGNATURE Signature, type FILE NOV. O. TRE PD	d or printed name of registered agent a 7: FEE IS \$61.25 OFFICERS AND DIRE	9. Election Cam Trust Fund Co	E: Registered Agent sign. Ipaign Financing ontribution,	atture required when reined \$5.00 Added to ADDITION	May Be o Fees	Make (DATE Check Payable operatment of	le to f State
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rhelety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 changed, or on an attacking the 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

SIGNATURE:

Dayt≠ne Phone #