2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State
04-19-2000 90069 017 ****61.25

DOCUMENT # N14078

1. Entity Name

TOWNHOMES AT ORANGE DRIVE HOMEOWNERS ASSOCIATION

Principal Place of Business	Mailing Address
C/O DANIEL L. DAMMYER. CPA 5975 WEST SUNRISE BLVD.. STE 205D SUNRISE FL 33313	C/O DANIEL L. DAMMYER. CPA 5975 WEST SUNRISE BLVD.. STE 205D SUNRISE FL 33313-6813

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2695211 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAMMYER, DANIEL L., CPA 5975 WEST SUNRISE BLVD. #216 SUNRISE FL 33313	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CRETSINGER, LLOYD 7050 SW 42ND COURT DAVIE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Rosalee Tucker 4228 SW 70 Terr Davie, FL 33314	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEINBERG, ELLEN 7110 SW 42 CT #2101 DAVIE FL 33314	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Robin Winthrop 4200 SW 70 Terr Davie FL 33314	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDREONI, JOHN 7065 SW 42 CT #2401 DAVIE FL 33314	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Kathy Duval 4210 SW 70 Terr Davie FL 33314	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BEST, JEFF 4408 SW 70TH TERRACE DAVIE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Karen Olde 7045 SW 42 PL Davie, FL 33314	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BIRTOS, KEVIN 7125 SW 42 PL #1703 DAVIE FL 33314	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: [signature] President 4/4/00 954 583-4321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #