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

DOCUMENT # N14078

1. Entity Name

TOWNHOMES AT ORANGE DRIVE HOMEOWNERS ASSOCIATION, INC.



FILED
Mar 10, 2003 8:00 am §
Secretary of State

03-10-2003 90191 034 ****61.25

, INC.				'					
Principal Place of Business Mai		Mailing Address		7					
C/O DANIEL L. DAMMYER. CPA 5975 WEST SUNRISE BLVD STE 216 SUNRISE FL 33313			C/O DANIEL L. DAMMYER. CPA 5975 WEST SUNRISE BLVD STE 216		1211 81811 ABIU (GBS) (BU B)A12				
2. Principal Place of Business 3		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State		4. FEI Number 5	Applied For Not Applicable				
Zip	Country ame and Address of Curre	Zip	Country	5. Certificate of St	tatus Desired	\$8.75 Additional Fee Required			
6. N		7. Name and Address of New Registered Agent							
DAMMYER, DANIEL L., CPA 5975 WEST SUNRISE BLVD. #216 SUNRISE FL 33313			Name Street Address	Street Address (P.O. Box Number is Not Acceptable)					
			City		F	Zip Code			
The above named of the obligations of residual SIGNATURE	entity submits this statemer agistered agent.	t for the purpose of changing its regi	stered office or registe	red agent, or both, in					
Signature, t	yped or printed name of registered ag	pent and title if applicable. (NOTE: Reg	istered Agent signature require	d when reinstating)	DATE				
FILE NO	OW: FEE IS \$61.25	9. Election Campai Trust Fund Contri		\$5.00 May Be Added to Fees Florida Department of State					
10	0==:0==0=								

		rrast Fana Contribution.		⊔ Add	led to Fees	Flori	da Department of	State	
10.	OFFICERS AND DIRECTORS	11.	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZIEGLER, SCOTT 7061 SW 42 CT DAVIE FL 33314	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Roy Mil 4208 5	116°C W 70 Ter FL 33314	race	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLASER, ROBERTA 4324 SW 70 TR DAVIE FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOLOMON, SHELLY 4351 SW 70 TR DAVIE FL 33314	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUVAL, CATHY 4210 SW 70 TERRACE FORT LAUDERDALE FL 33314	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VIDE, KAREN 7045 SW 42 PLACE DAVIE FL 33314	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7054 5	He Emer WYR CT LFL 3	•	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Breedlove, John 4268 SW 70 Terrace Davie Fl 33314	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:

PRIMANATURE REQUIRED

-3/3/03