## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 26, 2000 8:00 am DOCUMENT # **N15805** 1. Entity Name **Secretary of State** SETTLERS LANDING NEIGHBORHOOD ASSOCIATION, INC. 02-26-2000 90039 030 \*\*\*\*61.25 Principal Place of Business Mailing Address 13800 TOWN LOOP BLVD. C/O ARENA MANAGEMENT G. 3485 WEST VINE STREET ORLANDO FL 32837 00024771 KISSIMMEE FL 34741-4668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2864046 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CLAYTON & MCCULLOH, 220 N PALMETTO AVE ORLANDO FL 32801 City 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 FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PSD Change ☐ Addition TITLE □ Delete TITLE NAME SCOTT, LARRY P NAME STREET ADDRESS STREET ADDRESS 2244 STONEMILL DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Large, Kevin Mr. STREET ADDRESS STREET ADDRESS 14513 MUSKET FIRE LANES CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 TITLE ☐ Delete TITLE Change ☐ Addition NAME SWATEK, TONY MR NAME STREET ADDRESS 14526 MUSKET FIRE LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME LUHTALA, LAURA NAME STREET ADDRESS STREET ADDRESS 2447 SETLER'S TRAIL CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32837 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP □ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 tustes employed 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 attal all other like empowered

SIGNATURE

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR