## راياريع

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

Mailing Address

## DOCUMENT # N20429

Entity Name

Principal Place of Business

## BERMUDA BAY COMMUNITY HOMEOWNER'S ASSOCIATION, I



FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90047 023 \*\*\*\*61.25

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| 3485 W. VINE STREET<br>KISSIMMEE FL 34741                    |                                                  |                                       | 3485 W. VINE STREET<br>KISSIMMEE FL 34741 |                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              |             |
|--------------------------------------------------------------|--------------------------------------------------|---------------------------------------|-------------------------------------------|------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|------------------------------|--------------|-------------|
| 9 Principal I                                                | Disease of Durale                                |                                       | 1 2 Maillian Addison                      |                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              |             |
| •                                                            | Place of Busin                                   |                                       | 3. Mailing Address                        |                  |                           | ( 1000)  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000  1000 | IST OBSILL BEOLD ISTOROUS                          | iki alaki dibik bilain dibik |              |             |
| 101 Park Place Blvd.                                         |                                                  |                                       | 101 Park Place Blvd.                      |                  |                           | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                              |              |             |
| Suite, Apt                                                   |                                                  |                                       | Suite, Apt. #, etc.                       |                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CHECK HERE IF                                      | MAKING CHANGES               |              |             |
| <u>Suite</u>                                                 |                                                  |                                       | Suite 2                                   |                  |                           | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                    |                              |              | ٦.          |
| City & Sta                                                   |                                                  |                                       | City & State                              |                  |                           | 4. FEI Number 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | -2876407                                           | <u>_</u>                     | oplied For   | ]           |
| Kissimmee, FL                                                |                                                  |                                       | <u>Kissimmee,</u>                         | FL               |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | No                           | t Applicable | Ţ           |
| Zip Country .34741USA                                        |                                                  |                                       | ` 1                                       |                  | untry                     | 5. Certificate of St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | atus Dasirad                                       | ☐ \$8.75 Add                 | ditional     | l           |
|                                                              |                                                  |                                       |                                           |                  | USA 🔍 🚅                   | Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                    |                              |              |             |
|                                                              | 6. Name                                          | and Address of Current F              | Registered Agent                          |                  |                           | 7. Name and Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ress of New Reg                                    | istered Agent                |              | ļ           |
|                                                              |                                                  |                                       |                                           |                  | Name                      | M 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    |                              |              | 1           |
| ARENA N                                                      | MANAGEMEI                                        | NT GROUP, INC.                        |                                           | Street Address ( |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | M. Arena                                           |                              |              |             |
| ARENA MANAGEMENT GROUP, INC.<br>3485 W <sub>L</sub> VINE ST. |                                                  |                                       |                                           | 101 Par          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (P.O. Box Number is Not Acceptable)  k Place Blvd. |                              |              |             |
|                                                              |                                                  | 1                                     |                                           | 101 141          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              | 1           |
| KISSIMMEE FL 34741                                           |                                                  |                                       |                                           | Suite 2          |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              |             |
| ,                                                            | •                                                |                                       |                                           |                  | City                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | FL Zip Cod                   | e            | }           |
|                                                              |                                                  | <del></del>                           |                                           |                  | Kissimm                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              | ļ           |
|                                                              | ,                                                |                                       | the purpose of changing its               | register         | ed office or registe      | red agent, or both, in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | the State of Floric                                | ta. I am familiar with,      | and accept   |             |
| the obliga                                                   | tions of registe                                 | ered agent.                           |                                           |                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              | \           |
|                                                              |                                                  |                                       |                                           |                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              | Ĺ           |
| SIGNATURE                                                    |                                                  |                                       |                                           |                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              |             |
|                                                              | Signature, typed                                 | or printed name of registered agent a | nd title if applicable. (NOT              | E: Registere     | d Agent signature require | d when reinstating)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                    | DATE                         |              |             |
|                                                              |                                                  |                                       |                                           |                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              | 1           |
|                                                              |                                                  | FFF 10 004 0F                         | 9. Election Ca                            | mpaion F         | Financino                 | \$5.00 May Be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Make                                               | Check Payable                | to           | ì           |
|                                                              | HILE MOM                                         | : FEE IS \$61.25                      | Trust Fund (                              |                  |                           | Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                    | Department of                |              | 1           |
|                                                              |                                                  |                                       |                                           |                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | •                            |              | İ           |
| 10.                                                          |                                                  | OFFICERS AND DIR                      | ECTORS                                    | 11.              |                           | ADDITIONS/CHANG                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | S TO OFFICERS                                      | AND DIRECTORS IN             | 10           | Ì           |
| TITLE                                                        | PD                                               |                                       | ☐ Delete                                  | TITL             | <del></del>               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u> </u>                                           | ☐ Change                     | ☐ Addition   | 18          |
| NAME                                                         | NEILL, DOI                                       | N                                     | . Delote                                  | NAM              |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | ondigo                       |              | E037 (10/02 |
| ,                                                            |                                                  |                                       |                                           | - 1              | EET ADDRESS               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              | } =         |
| 2000 110110201102 2711 311112                                |                                                  |                                       |                                           | 8                |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              | 18          |
| CITY-ST-ZIP                                                  |                                                  | E FL 34/41                            |                                           | CITY             | '-ST-ZIP                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <u>'</u> _                                         |                              |              | ļ<br>三      |
| TITLE                                                        | STD                                              |                                       | ☐ Delete                                  | TITL             | E                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | •                                                  | ☐ Change                     | Addition     | 꾮           |
| NAME                                                         | MARTINS,                                         | Maria                                 |                                           | NAM              | IE .                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              | <u>ا</u>    |
| STREET ADDRESS                                               | 838 LONG                                         | BAY COURT                             |                                           | STRE             | EET ADDRESS               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              | Ì.          |
| CITY-ST-ZIP                                                  |                                                  | E FL 34741                            |                                           | CITY             | '-ST-ZIP                  | a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    | ·                            |              | 1           |
| TITLE                                                        | VD                                               |                                       | Delete                                    | TITL             |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | ☐ Change                     | Addition     | 1           |
| NAME                                                         | SHIPTON,                                         | IAMES                                 | L Delate                                  | NAM              | 1                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | U onango                     | Addition     | i           |
|                                                              |                                                  |                                       |                                           | - 1              | i                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              | ١           |
| STREET ADDRESS                                               | 850 LONG                                         |                                       |                                           |                  | EET ADDRESS               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              | ĺ           |
| CITY-ST-ZIP                                                  | KISSIMME                                         | E FL 34741                            | <del></del>                               | Citt             | '-ST-ZIP                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              |             |
| TITLE                                                        | Į.                                               |                                       | Delete                                    | TITU             | E (                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | Change                       | Addition     | ĺ           |
| NAME                                                         | ŀ                                                |                                       |                                           | NAM              | NE .                      | 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                              |              |             |
| STREET ADDRESS                                               | ì                                                |                                       |                                           | STRE             | ET ADDRESS                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              | Ì           |
| CITY-ST-ZIP                                                  | Ţ                                                |                                       |                                           | CITY             | -ST-ZIP                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              | ļ           |
| TITLE                                                        | <del>                                     </del> |                                       | ☐ Delete                                  | TITLI            |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | ☐ Change                     | Addition     |             |
| NAME                                                         | )                                                |                                       | □ Delete                                  | NAM              | )                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | Single                       | L. 1.0000011 | j           |
| STREET ADDRESS                                               | 1                                                |                                       |                                           |                  | ET ADDRESS                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              | }           |
| CITY-ST-ZIP                                                  | 1                                                |                                       |                                           |                  |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              |             |
| Unit-31-ZIF                                                  | <b>!</b>                                         |                                       |                                           | LITY             | - ST-ZIP                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <del></del>                                        |                              |              | )           |
| TITLE                                                        | 1                                                |                                       | ☐ Delete                                  | TITLE            | £                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | ☐ Change                     | Addition     | l           |
| NAME                                                         | ]                                                |                                       |                                           | NAM              | E                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              |              |             |
| STREET ADDRESS                                               |                                                  |                                       |                                           | ET ADDRESS       |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    | •                            | l            |             |
| CITY - ST - ZIP                                              | 1                                                |                                       |                                           | CITY             | . ST. 7/P                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                    |                              | 1            | ı           |

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 a attachment with an address, with all other like empowered.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-03

407 847-9950

Daytime Phone #