

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22898

1. Entity Name

D3C HOMEOWNERS' ASSOCIATION, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90060 033 ****70.00

Principal Place of Business

Mailing Address

P. O. BOX 950513
 LAKE MARY FL 32795-0513
 US

P. O. BOX 950513
 LAKE MARY FL 32795-0513
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3047038

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMPSEY, MIKE
499 WEXDON COURT
LAKE MARY FL 32746

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEMPSEY, MIKE	
STREET ADDRESS	499 WEXDON CT	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FISHER, JULES	
STREET ADDRESS	460 WEXDON CT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ERHART, SHARON	
STREET ADDRESS	813 AVON COURT	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, CYNTHIA	
STREET ADDRESS	586 QUEENSBRIDGE DR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	D'ALISO, JENNIFER	
STREET ADDRESS	500 WEXDON CT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAGGARD, BETTY	
STREET ADDRESS	611 QUEENSBRIDGE DR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon L. Erhart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-2000 407-321-1452

Date

Daytime Phone #

CR2E037 (9/99)