## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2001 8:00 am, Secretary of State DOCUMENT # **N22898** 1. Entity Name 05-16-2001 90192 004 \*\*\*\*70.00 D3C HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address P. O. BOX 950513 P. O. BOX 950513 656697 LAKE MARY FL 32795-0513 LAKE MARY FL 32795-0513 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3047038 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) DEMPSEY, MIKE 499 WEXDON COURT LAKE MARY FL 32746 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD ☐ Addition TITLE Change ☐ Delete TITLE DEMPSEY, MIKE NAME NAME 499 WEXDON CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL ☐ Addition Change Delete TITLE FISHER, JULES NAME NAME 460 WEXDON CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Change ☐ Addition TITLE Delete TITLE **ERHART, SHARON** NAME NAME STREET ADDRESS STREET ADDRESS 813 AVON COURT CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL ☐ Change ☐ Addition ☐ Delete TITLE MILLER, CYNTHIA NAME NAME STREET ADDRESS 586 QUEENSBRIDGE DR STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP **Addition** X Delete TITLE TITLE D'ALISO, JENNIFER Betty Haaqard NAME NAME 611 QUEENSBRIDGE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

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