

2002 UNIFORM BUSINESS REPORT (UBR)

5/8

FILED
Jun 12, 2002 8:00 am
Secretary of State

05-08-2002 90106 018 ****70.00

DOCUMENT # N22898

1. Entity Name

D3C HOMEOWNERS' ASSOCIATION, INC.

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

Zip

Country

Zip

Country

4. FEI Number

59-3047038

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

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 **MILLER, CYNTHIA**

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

586 QUEENSBRIDGE DR.
LAKE MARY

City

FL

Zip Code
32746

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: **MILLER CYNTHIA**

Cynthia Miller

4-22-02

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
 NAME: **DEMPSEY, MIKE** Delete
 STREET ADDRESS: **499 WEXDON CT**
 CITY-ST-ZIP: **LAKE MARY FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: VD
 NAME: **FISHER, JULES** Delete
 STREET ADDRESS: **460 WEXDON CT**
 CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: **VICE PRESIDENT** Change Addition
 NAME: **WEBSTER, JOSEPH - D**
 STREET ADDRESS: **484 WEXDON CT.**
 CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: TD
 NAME: **EPHART, SHARON** Delete
 STREET ADDRESS: **813 AVON COURT**
 CITY-ST-ZIP: **LAKE MARY FL**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: SD
 NAME: **MILLER, CYNTHIA** Delete
 STREET ADDRESS: **586 QUEENSBRIDGE DR**
 CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: **PRESIDENT** Change Addition
 NAME: **MILLER, CYNTHIA - D**
 STREET ADDRESS: **586 QUEENSBRIDGE DR**
 CITY-ST-ZIP: **LAKE MARY, FL 32746**

TITLE: SD
 NAME: **HAGGARD, BETTY - D** Delete
 STREET ADDRESS: **611 QUEENSBRIDGE DRIVE**
 CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: **TREASURE** Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **SECRETARY** Change Addition
 NAME: **SADDLER, NANCY - D**
 STREET ADDRESS: **492 WEXDON CT.**
 CITY-ST-ZIP: **LAKE MARY FL 32746**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Betty Haggard**

4-22-02

407-322-0151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)