


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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90149 008 ****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**

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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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MILLER, CYNTHIA
586 QUEENSBRIDGE DR
LAKE MARY FL 32746**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WEBSTER, JOSEPH	
STREET ADDRESS	484 WEXDON CT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILLER, CYNTHIA	
STREET ADDRESS	586 QUEENS BRIDGE DR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HAGGARD, BETTY	
STREET ADDRESS	611 QUEENSBRIDGE DRIVE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SADDLER, NANCY	
STREET ADDRESS	492 WEXDON CT	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGGARD, BETTY	
STREET ADDRESS	611 QUEENSBRIDGE DR	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORCROFT, PATRICIA	
STREET ADDRESS	607 QUEENSBRIDGE DR	
CITY-ST-ZIP	LAKE MARY, FL 32746	
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		

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: **BETTY HAGGARD**
Betty Haggard

4-21-03 407-322-0151

CR2E037 (10/02)