

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90019 040 ****61.25

DOCUMENT # N24885

1. Entity Name

ALMOND TREE ESTATES HOMEOWNER'S ASSOCIATION, INC

R

Principal Place of Business

P O BOX 406
 GOTHA FL 34734-7406

Mailing Address

P O BOX 406
 GOTHA FL 34734-7406

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

59-2874139

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CLIFFORD, SHEPARD PA
20 NORTH AVE
STE 1107
ORLANDO FL 32801

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.

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
After September 13, 2000 min. will be \$236.25

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

TITLE **P** Delete
 NAME **ENDRE, THOMAS**
 STREET ADDRESS **950 ALMOND TREE CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **VP** Delete
 NAME **COOPER, KAREN**
 STREET ADDRESS **1033 ALMOND TREE CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **T** Delete
 NAME **GLASS, WILL**
 STREET ADDRESS **931 ALMOND TREE CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** Delete
 NAME **GLASHOWER, STEVEN**
 STREET ADDRESS **1070 ALMOND TREE CIR**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D** Delete
 NAME **BENKOVICH, CARL**
 STREET ADDRESS **1064 ALMOND TREE CIR**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** Delete
 NAME **REED, CHARLES**
 STREET ADDRESS **961 ALMOND TREE CIRCLE**
 CITY-ST-ZIP **ORLANDO FL 32835**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** Change Addition
 NAME **Thomas Endre**
 STREET ADDRESS **950 Almond Tree**
 CITY-ST-ZIP **Orlando, FL 32835**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **President** Change Addition
 NAME **Will Glass**
 STREET ADDRESS **931 Almond Tree**
 CITY-ST-ZIP **Orlando FL 32835**

TITLE **Treasurer** Change Addition
 NAME **Sylvia Roggett**
 STREET ADDRESS **907 Almond Tree**
 CITY-ST-ZIP **Orlando, FL 32835**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 life empowered.

SIGNATURE:

Signature of Will Glass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Sept 10 2000

Daytime Phone #

407-245-45

CR2E037 15/00