


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

0073600

<b>DOCUMENT # N35693</b>		
1. Entity Name <b>TRACT 181 COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>C/O PENN FIRST MANAGEMENT, INC. 1813 N. DEAN RD. SUITE 103 ORLANDO FL 32817 US</b>	Mailing Address <b>C/O PENN FIRST MANAGEMENT, INC. 1813 N. DEAN RD. SUITE 103 ORLANDO FL 32817 US</b>	
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip Country

FILED

03 MAY -2 AM 9:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3017105</b>		Applied For
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <del>SHELLER, LAWRENCE M.</del> <del>C/O PENN FIRST MANAGEMENT, INC.</del> <del>1813 N. DEAN RD, SUITE 103</del> <del>ORLANDO FL 32817</del>	<b>7. Name and Address of New Registered Agent</b> Name: <b>REBECCA FURLOW</b> Street A: <b>LELAND MANAGEMENT, INC.</b> <b>1633 E. VINE STREET STE. 110</b> City: <b>KISSIMMEE, FL. 34744</b>
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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.

100017873981  
05/02/03--01039--012 \*\*\$61.25

SIGNATURE: *Rebecca Furrow* (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GATLIN, ROGER O 130 S. ORANGE AVE., STE. 200 ORLANDO FL 32801 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Debra Dremann - President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 130 S. Orange Av. Ste. 200 Orlando FL. 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVSARTORI VP SANTARI, NICO 130 S. ORANGE AVE., STE. 200 ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Diane Diaz <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 130 S. Orange Ave Ste. 200 Orlando FL. 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIEBRECHT, TOM <input checked="" type="checkbox"/> Delete 130 S ORANGE AVE, STE 200 ORLANDO FL 32801	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tresa. Julie Wisdom <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 130 S. Orange Ave Ste 200 Orlando, FL. 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Debra Dremann* **REQUIRE** 1/28/03

CFR2E037 (10/02)