

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

05-17-2001 90415 011 \*\*\*\*61.25

**DOCUMENT # N40314**

1. Entity Name

**SUNSET LAKES OF WINDEMERE HOMEOWNERS' ASSOCIATIO**

Principal Place of Business

Mailing Address

P O BOX 691316  
 ORALDO FL 32869-1316  
 US

P O BOX 691316  
 ORALDO FL 32869-1316  
 US

2. Principal Place of Business

3. Mailing Address

**4004 EDGEWATER DRIVE**

**4004 EDGEWATER DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO, FL 32804**

City & State

**ORLANDO FL 32805**

4. FEI Number

**59-3179181**

Applied For

Not Applicable

Zip

**32804**

Country

**USA**

Zip

**32804**

Country

**USA**

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

~~Delete~~  
~~LEOVE, MICHAEL~~  
~~7828 WHITE ASH ST~~  
~~ORLANDO FL 32819~~

Name  
**MARY RIVERA-ASSET REAL ESTATE INC**

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

**4004 EDGEWATER DRIVE**

City  
**ORLANDO**

**FL**

Zip Code  
**32804**

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 **MARY L. RIVERA**

Signature, typed or printed name of registered agent and title if applicable.

*Mary Rivera*

(NOTE: Registered Agent signature required when reinstating)

*January 31, 2001*

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	<input type="checkbox"/> Delete
NAME	MURRAY, TOM	
STREET ADDRESS	13542 SUNSET LAKES CIRCLE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GAUGER, TOM	
STREET ADDRESS	13001 SHADOW POND COURT	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GRAFT, AMY	
STREET ADDRESS	3106 SHADOW POND TERRACE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VANDAM, JOE	
STREET ADDRESS	13013 SHADOW POND CT	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PENCE, RICH	
STREET ADDRESS	13615 SUNSET LAKES CIRCLE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KYLE MILLER	
STREET ADDRESS	3118 SHADOW POND TR	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
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: *MURRAY* PRESIDENT 2/22/01  
 407-850-9400

CR2E037 (10/00)