2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90034 008 ****61.25

DOCUMENT # N41950

1. Entity Name

OSCEOLA COUNTRY DOWNS HOMEOWNERS' ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
2180 W. SR. 434 SUITE 5000 LONGWOOD FL 32779	2180 W. SR. 434 SUITE 5000 LONGWOOD FL 32779

DO NOT WRITE IN THIS SPACE

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 59-3066149 ☐ 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
HART, JAMES W. JR. 2180 W. SR 434 SUITE 5000 LONGWOOD FL 32779	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

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD GUILLERMO, MARIN 1633 E VINE ST STE 221 KISSIMMEE FL 34741	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VEST, JIM 2621 Cahokia Street Kissimmee, FL 34744	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JIMENEZ, LUIS 2617 BELMONT PL KISSIMMEE FL 34744	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ORIGER, DALE 2632 Cahokia Street Kissimmee, FL 34744	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD QUINONES, JOHN 2604 BELMONT PL KISSIMMEE FL 34744	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARERES, JOSE 2624 Cahokia Street Kissimmee, FL 34744	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: SIGNATURE REQUIRED James E. Vest 3/1/02 407-344-2368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #