2002 UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am Secretary of State DOCUMENT # N93000002598 ECON OAKS HOMEOWNERS ASSOCIATION OF ORLANDO, INC 02-17-2002 90047 011 ****61.25 Principal Place of Business Mailing Address 861 MELLOWOOD AVE 861 MELLOWOOD AVE ORLANDO FL 32825 ORLANDO FL 32825 US HS 3. Mailing Address 2. Principal Place of Business 9300 Raven Dell St. 9300 Raven Dell Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-3198962 Orlando. Not Applicable ()rlando Country Country \$8.75 Additional 5. Certificate of Status Desired 32825 32825 ÜSA **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HILL, PETER N. 837 MELLOWOOD AVE ORLANDO FL 32825 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** . ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10.9 ☐ Addition Change TITLE Delete DP TITLE GARY R. Smuth NAME NAME JACOBS, TRACIE BU Mellowood Ave. STREET ADDRESS STREET ADDRESS 9330 RAVEN DELL ST Orlando, FL 32825 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Addition Change TITLE ٧D ☐ Delete TITLE ۷D Franco Cristiano NAME NAME MILES, MINDY 9312 Raven Dell St. STREET ADDRESS STREET ADDRESS 874 MELLOWOOD AVE CITY-ST-ZIP Orlando, FL 33825 CITY-ST-ZIP ORLANDO FL 32825 Change ☐ Addition TITI F ☐ Delete SD Barry Miles-B74 Mellowood Ave. NAME FRIENDS, VERN -NAME STREET ADDRESS STREET ADDRESS 849 MELLOWOOD AVE CITY-ST-ZIP Orlando, Fu 3a8a5 CITY-ST-ZIP ORLANDO FL 32825 TD (X) Change Addition TITLE ☐ Delete TITLE Peter Doyle NAME NAME UTZ, DEBORAH 9300 Raven Dell St. STREET ADDRESS STREET ADDRESS 861 MELLOWOOD AVE Orlando, FL 32825 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32<u>825</u> ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

F AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date