2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED N94000003116 DOCUMENT# Apr 25, 2001 8:00 am Secretary of State WINDSOR OAKS HOMEOWNERS ASSOCIATION, INC. 04-25-2001 90373 032 ****61.25 Principal Place of Business Mailing Address 3485 W. VINE ST. 3485 W. VINE ST. KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALTER M. ARENA Street Address (P.O. Box Number is Not Acceptable) REGINALD A. FENEMORE 1621 EMILY COURT ARENA MANAGEMENT GROUP, INC. KISSIMMEE, FL 34744 3485 W. VINE ST Zip Code KÍSSIMMEE 34741 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be П Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD Change Addition TITLE ☐ Delete TITLE CARLOS TEMES NAME MAME STREET ADDRESS 1647 WINDSOR OAKS CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE, FL 34744 ☐ Addition ☐ Delete ₹ Change NAME NAME JESUS BRANDO STREET ADDRESS STREET ADDRESS 1629 WINDSOR OAKS CT. CITY-ST-ZIP CITY-ST-7IP KISSIMMEE, FL 34744 ☐ Delete TITLE Change Addition NAME NAME STEVEN DANNELEVITZ STREET ADDRESS STREET ADDRESS 1626 WINDSOR OAKS CT. CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.