2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # N95000001577					FILED Apr 10, 2001 8:00 am				
•	BOR PLACE HOMEOWNERS!	ASSOCIATION INC	. · · · · · · · · · · · · · · · · · · ·			Secreta	ry of S1	tate	
Principal Place of Business Mailing Address					-				
2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 32779-5044		2180 WEST SR 4348 (036) (2005) SUITE 5000 Ft 32779-5044			ESSIDE ผู้เหมือน				
2. Principal Place of Business		3. Mailing Address			A0045029				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number 58-2281440	 		oplied For		
Zip	Country	Zip	Country		5. Certificate of S		\$8.75 Add Fee Require		
6. Name and Address of Current Registered Agent			No.	7. Name and Address of New Registered Agent					
HADT IMPO W 10				Name					
HART, JAMES W. JR SENTRY MANAGEMENT, INC. 2180 W SR 434 STE 5000			Street A	Street Address (P.O. Box Number is Not Acceptable)					
	ONGWOOD, FL 32779-504	4	City	FL Zip Code			e		
SANATURE	Signature, typed or printed name of registered agent at FILE NOW: FEE IS: \$61.25	9. Election Campaign I		\$5.0	when reinstating) O May Be to Fees		peck Payable to	16.	
10.	OFFICERS AND DIR	ECTORS	.11.	<i>,</i>	ADDITIONS/CHANG	ES TO OFFICERS A	ND DIRECTORS IN	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Brundage Mike 1814 Oak Ridge Safety Harbor F		TITLE NAME . STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rosenthal Steve 221 Hancock Ct Safety Harbor F		TITLE NAME STREET ADDRESS CITY_ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Vicente Chris 1707 Anglers Co Safety Harbor F		TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST-ZIP	TD Soulliere Greg 1717 Anglers Ct Safety Harbor F	□ Delete L 34695	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McKnight Thomas 217 Hancock Ct Safety Harbor F	□ Delete L 34695	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pula Kapita in promise na promise	Delete	NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
indicated of the cor	pertify that the information supplied with the on this report or supplemental report is poration or the receiver or trustee emporation or an attachment with an address with an address with an address with an address with a solution.	rue and accurate and that my vered to execute this report as	signature shall h	have the s	ame legal effect as	if made under oath:	that I am an officer	or director	