2001 UNIFORM BUSINESS REPORT (UBR)

Jun 14, 2001 8:00 am DOCUMENT # N9500004348 Secretary of State 1. Entity Name 06-14-2001 90009 025 ****61.25 EMERALD FOREST ORANGE COUNTY HOMEOWNERS ASSOCIAT Principal Place of Business Mailing Address 2180 WEST SR 434 2180 WEST SR 434 SUITE 5000 SUITE 5000 LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address 225 S. Westmonte Drive P.O. Box 161606 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 2050 Applied For City & State 4. FEI Number City & State 59-3341611 Altamonte Springs, FL Not Applicable Altamonte Springs, Zip Country \$8.75 Additional Country 5. Certificate of Status Desired. . . 32716-1606 USA Fee Required 32714 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ellen R. Womack Street Address (P.O. Box Number is Not Acceptable) 225 S. Westmonte Drive HART, JAMES W JR SENTRY MAANAGEMENT INC Suite 2050 2180 WEST SR 434 SUITE 5000 Altamonte Springs, LONGWOOD FL 32779 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) FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DP ☐ Change X 🛣 Addition TITLE **VD** XX Delete TITLE MESSANGER, ROY NAME NAME Kevin Rogers STREET ADDRESS STREET ADDRESS 10005 OAKSIDE CT 10113 Canopy Tree Court CITY-ST-ZIP Orlando, FL <u>32836</u> CITY-ST-ZIP ORLANDO FL 32836 **X**XAddition Delete ☐ Change TITLE NAME LANDT, WENDE NAME + Dave Huber 8606 Dover Oaks Court STREET ADDRESS STREET ADDRESS 8634 FOREST RUN LN CITY-ST-ZIP -Cify-St-ZiP ORLANDO FL 32836 Orlando, FL 32836 ☐ Delete TITLE DVP XX Change Addition NAME PLAVCAN, DAVID NAME STREET ADDRESS STREET ADDRESS 10226 EMERALD WOODS AVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 PD XX Delete ☐ Change ★★★Addition TITLE TITLE D NAME GEYER, ALAN NAME Doris Quintero 10064 HIGHLAND WOODS COURT STREET ADDRESS STREET ADDRESS 8625 Dover Oaks Court Orlando, FL 32836 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 ☐ Delete TITLE ☐ Change ★★ Addition TITLE NAME KAMRADA, SALLY NAME Buddie SMith STREET ADDRESS STREET ADDRESS 8628 FOREST RUN LN 10106 Canopy Tree Court CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32836 Orlando, FL 32836 TITLE Addition D □ Delete TITLE DΤ XXhange NAME NAME RILEY, JOHN STREET ADDRESS STREET ADDRESS 8424 WILLOW TREE CT CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32836 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.

BE RUSHMPRIDEY

SIGNATURE:

6/6/01