

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005789 (O)

1. Entity Name

Raymond Oaks Homeowners' Association, Inc.

Principal Place of Business

1220 Windsor Avenue
Longwood, FL 32750

Mailing Address

1220 Windsor Avenue
Longwood, FL 32750

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

59-3185258

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

Jones, Dale S.
1220 Windsor Avenue
Longwood, FL 32750

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 D ☐ Delete
NAME Jones, Dale S.
STREET ADDRESS 1220 Windsor Avenue
CITY-ST-ZIP Longwood, FL 32750

TITLE PD ☐ Change ☒ Addition
NAME Goldstein, Sam
STREET ADDRESS 111 Raymond Oaks Court
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE D ☒ Delete
NAME Infantino, Thomas V.
STREET ADDRESS 180 S. Knowles, Ste. 7
CITY-ST-ZIP Winter Park, FL 32789

TITLE VPD ☐ Change ☒ Addition
NAME Ritchie, Jeff
STREET ADDRESS 156 Raymond Oaks Court
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE D ☒ Delete
NAME Dalton, DW
STREET ADDRESS 180 S. Knowles, Suite 7
CITY-ST-ZIP Winter Park, FL 32789

TITLE TD ☐ Change ☒ Addition
NAME Lyles, Tony
STREET ADDRESS 151 Raymond Oaks Court
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition
NAME Morrell, Bob
STREET ADDRESS 115 Raymond Oaks Court
CITY-ST-ZIP Altamonte Springs, FL 32701

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90106 048 ****61.25

C0066253

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

4 Apr 19 407-896-3300