

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

1. Entity Name N96000005789

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

668 N. Orlando Avenue

3. Mailing Address

668 N. Orlando Avenue

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751

Country

USA

Zip

32751

Country

USA

4. FEI Number

59-3185258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0049207

6. Name and Address of Current Registered Agent

Jones, Dale S.

1220 Windsor Avenue

Longwood, FL 32750

7. Name and Address of New Registered Agent

Name

Morbiter, Margaret L.

Street Address (P.O. Box Number is Not Acceptable)

668 N. Orlando Ave., Ste. 105

City

Maitland

FL

Zip Code

32751

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

Margaret L. Morbiter

MARGARET L. MORBITER

4/3/01

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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 #

SAMUEL P. GOLDSTEIN

04 Apr 01

CR2E037 (11/00)