

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90001 035 ****61.25

A0064029

DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000004545			
1. Entity Name LAKE FISCHER ESTATES HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 5695 Beggs Road Suite B-100 Orlando, FL 32810 USA		Mailing Address 5695 Beggs Road Suite B-100 Orlando, FL 32810 USA	
2. Principal Place of Business 5695 Beggs Road Suite, Apt. #, etc. Suite B-100 City & State Orlando, FL Zip 32810 Country USA		3. Mailing Address 5695 Beggs Road Suite, Apt. #, etc. Suite B-100 City & State Orlando, FL Zip 32810 Country USA	
4. FEI Number 59-3471341		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
		Name Theresa D. Sutherland Street Address (P.O. Box Number is Not Acceptable) 5695-Beggs Road, Suite B-100 City Orlando FL Zip Code 32810	
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 <i>Theresa D. Sutherland</i> Signature, typed or printed name of registered agent and title if applicable.		4-18-01 DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DVP NAME Buescher, Keith STREET ADDRESS 6767 N. Wickham Rd, Suite 500 CITY-ST-ZIP Melbourne, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE PD NAME Maggie Torro STREET ADDRESS 12001 Science Dr. Suite 160 CITY-ST-ZIP Orlando, FL 32826 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE PD NAME Jack Wolfe, STREET ADDRESS 3300 University Blvd. Suite 250 CITY-ST-ZIP Winter Park, FL 32792 <input checked="" type="checkbox"/> Delete	TITLE VD NAME Tim Durkin STREET ADDRESS 12001 Science Dr. Suite 160 CITY-ST-ZIP Orlando, FL 32826 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DS NAME Kush, Robert M. STREET ADDRESS 6767 N. Wickham Rd, Ste 500 CITY-ST-ZIP Melbourne, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE SD NAME Ted Bolin STREET ADDRESS 12001 Science Dr. Suite 160 CITY-ST-ZIP Orlando, FL 32826 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE DT NAME Chris Alvarez STREET ADDRESS 6767 N. Wickham Rd. Suite 500 CITY-ST-ZIP Melbourne, FL 32940 <input type="checkbox"/> Delete	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>[Signature]</i> Signature and typed or printed name of signing officer or director		4/23/01 407-275-5591 Date Daytime Phone #	

CR2E034 (11/00)