

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**

03-11-2002 90023 019 \*\*\*\*61.25

**DOCUMENT # N97000005338**

1. Entity Name

**EBAN'S PRESERVE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**% MID-FLORIDA PROP. MGMT  
 5025 SOUTH US HWY 17-92  
 CASSELBERRY FL 32707**

**C/O MID-FLORIDA PROP MGMT  
 5025 SOUTH US HWY 17-92  
 CASSELBERRY FL 32707**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3471502**

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

**SPARE, WILLIAM C  
 C/O MID-FLORIDA PROP MGMT  
 5025 SOUTH US HWY 17-92  
 CASSELBERRY FL 32707**

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 **DT**  Delete  
 NAME **SMITH, DEBORAH**  
 STREET ADDRESS **605 CALADESI TRAIL**  
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **DT**  Change  Addition  
 NAME **DYE WINONA**  
 STREET ADDRESS **6725 BELMAR DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **DV**  Delete  
 NAME **DYE, JERRY**  
 STREET ADDRESS **6725 BELMAR DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **IRIZARRY, RONALD**  
 STREET ADDRESS **526 BEASLEY COURT**  
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DP**  Delete  
 NAME **KATZ, ARLENE**  
 STREET ADDRESS **760 PENLON COURT**  
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DS**  Delete  
 NAME **GARCIA, THOMARY**  
 STREET ADDRESS **766 PENLON COURT**  
 CITY-ST-ZIP **ORLANDO FL 32807**

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: WIGNATURE REQUIRED (WINONA S. DYE) 02/26/02

CR2E037 (9/01)