

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90104 043 ****61.25

DOCUMENT # 1198000001046 ✓
 1. Entity Name
DEAN WOODS HOMEOWNERS ASSOCIATION INC.

Principal Place of Business Mailing Address
C/O PENN FIRST MANAGEMENT, INC.
453 MARK TWAIN BLVD.
ORLANDO FL 32828

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 19-3539705 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

7. Name and Address of New Registered Agent
 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] DATE 3-29-00
Signature, typed or printed name of registered agent and address if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	STACEY MOORE	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		453 MARK TWAIN BLVD	
CITY-ST-ZIP		ORLANDO FL 32828	
TITLE	TD	TERRY SPARKS	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		453 MARK TWAIN BLVD	
CITY-ST-ZIP		ORLANDO FL 32828	
TITLE	SD	OLGA RIVERA	<input type="checkbox"/> Delete
NAME			
STREET ADDRESS		453 MARK TWAIN BLVD	
CITY-ST-ZIP		ORLANDO FL 32828	
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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] STACEY MOORE DATE: 3-29-00 DAYTIME PHONE #: 407 282 9988

CR2E037 (9/99)