

**2001 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90766 031 \*\*\*\*61.25

**DOCUMENT # N98000001646**  
1. Entity Name  
**DEAN WOODS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
453 MARK TWAIN BLVD.      453 MARK TWAIN BLVD.  
ORLANDO FL 32828      ORLANDO FL 32828



DO NOT WRITE IN THIS SPACE

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 **59-3539705**      Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KATANICH, SAMUEL L**  
4005 MARONDA WAY  
SANFORD FL 32771

7. Name and Address of New Registered Agent  
Name **Lawrence M. Steeler**  
Street Address (P.O. Box Number is Not Acceptable)  
**70 Penn First Management, Inc.**  
**453 Mark Twain Blvd**  
City **Orlando**      FL **32828**

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 **1/13/01**  
(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$81.25      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	STD	<input checked="" type="checkbox"/> Delete
NAME	KATANICH, SAMUEL L	
STREET ADDRESS	4005 MARONDA WAY	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HOWARD, SCOTT C	
STREET ADDRESS	4005 MARONDA WAY	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LOGSDON, JEFF	
STREET ADDRESS	4005 MARONDA WAY	
CITY-ST-ZIP	SANFORD FL 32771	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Coleman	
STREET ADDRESS	10537 Rocking A Run	
CITY-ST-ZIP	ORLANDO, FL. 32825	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jody Owens	
STREET ADDRESS	10423 Rocking A Run	
CITY-ST-ZIP	ORLANDO, 32825	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACY MOORE	
STREET ADDRESS	10559 Rocking A Run	
CITY-ST-ZIP	ORLANDO, FL. 32825	
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]*      Date **2-7-01**      Daytime Phone # **407-282-9988**

CR2E037 (10/00)