2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N9800005205

1. Entity Name



Apr 02, 2003 8:00 am § Secretary of State

FILED

04-02-2003 90106 041 ****61.25 NORTH ORANGE ESTATES HOMEOWNERS ASSOCIATION, INC Principal Place of Business Mailing Address 323 10TH AVENUE WEST 323 10TH AVENUE WEST SUITE 103 SUITE 103 PALMETTO FL 34221 PALMETTO FL 34221 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BLALOCK, LANDERS, WALTERS & VOGLER, P.A. Street Address (P.O. Box Number is Not Acceptable) 802 11TH STREET WEST **BRADENTON FL 34205** City 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 **\$5.00** May Be П Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PTD TITLE Delete TITLE ☐ Change ☐ Addition NAME LEWIS, DAVID P NAME STREET ADDRESS 323 10TH AVENUE WEST, SUITE 103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 TITLE VSD Delete TITLE Change ☐ Addition NAME LEWIS, BARBARA NAME STREET ADDRESS STREET ADDRESS 323 10TH AVENUE WEST, SUITE 103 CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL-34221 TITLE ☐ Delete TITLE Change ☐ Addition NAME LEWIS, MARY A NAME STREET ADDRESS 323 10TH AVENUE WEST, SUITE 103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALMETTO FL 34221 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

3.31-02

941-729-8188