

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90095 026 ****61.25

DOCUMENT # N98000002762

1. Entity Name
TANNER ROAD PHASES 1 AND 2 PROPERTY OWNERS ASSOC

Principal Place of Business 242 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714	Mailing Address C/O MID-FLORIDA PROPERTY MANAGEMENT P.O. BOX 183160 CASSELBERRY FL 32718-2160 40
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 5025 South U.S. Hwy. 17-92 Suite, Apt. #, etc.
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City & State Casselberry, FL	4. FEI Number 59-3556325
Zip 32707-3845	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent OROSZ, WILLIAM S JR 242 NORTH WESTMONTE DRIVE ALTAMONTE SPRINGS FL 32714	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	OROSZ, WILLIAM S JR.				
STREET ADDRESS	242 NORTH WESTMONTE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP		
D	STEAKLEY, JERRY				
STREET ADDRESS	242 NORTH WESTMONTE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		CITY-ST-ZIP		
D	SANDERS, KYLE A				
STREET ADDRESS	242 NORTH WESTMONTE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		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: Kyle A. Sanders **3/1/00** **865-9600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)