

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **1198000001646** ✓

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

**59-3539705**

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

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, typed or printed name of registered agent and if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-29-00**

FILE NOW

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

**STACEY MOORE**

**3-29-00**

**407 282 9988**

CR2E037 (9/99)