

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003526

1. Entity Name

BONNEVILLE PINES HOMEOWNERS ASSOCIATION, INC.

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90162 027 ****61.25

Principal Place of Business 11929 E COLONIAL DR STE 322 ORLANDO FL 32826 US	Mailing Address 11929 E COLONIAL DR STE 322 ORLANDO FL 32826-4703 US
---	--

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 59-3231583	Applied For <input checked="" type="checkbox"/> Not Applicable
-----------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

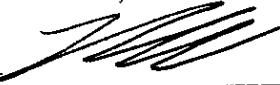
6. Name and Address of Current Registered Agent

KNIGHT, DONNA J
2426 RADNOR AVE
ORLANDO FL 32826

7. Name and Address of New Registered Agent

NEEL McCULLOH
CLAYTON & McCULLOH
THE CLAYTON & McCULLOH BUILDING
1065 MAITLAND CENTER COMMONS BLVD.
MAITLAND FL 32751

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:  DATE: 7/14/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
-----------------------------	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KNIGHT, DONNA J 2426 RADNOR AVE ORLANDO FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AUSTIN, JOHN MARK 2000 DONEGAN PLACE ORLANDO FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VERSTRATE, ANDREW J 13759 GLASSER AVE ORLANDO FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CORRADO, EDWARD 2220 DONEGAN PLACE ORLANDO FL 32826 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNEY, KEVIN 2313 DONEGAN PLACE ORLANDO FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAST, ROBERT 2008 DONEGAN PLACE ORLANDO FL 32826 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE: 7/14/00 (407) 208-1694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)