

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

0081045

DOCUMENT # N95000004999

1. Entity Name

DEAN'S RESERVE HOMEOWNERS ASSOCIATION, INC.

04-02-2001 90321 009 *****61.25

Principal Place of Business

Mailing Address

**2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779-5044**

**2180 WEST SR 434
 SUITE 5000
 LONGWOOD FL 32779-5044**

00030792



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3363478**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JR., JAMES W
 SENTRY MANAGEMENT INC
 2180 WEST SR 434, SUITE 5000
 LONGWOOD FL 32779**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**PD
 BISHOP, WILLIAM D III
 9924 BURGANDY BAY ST
 ORLANDO FL 32817** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 BISHOP, YVETTE
 9924 BURGANDY BAY
 ORLANDO FL 32817** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 HILBORN, SCOTT A
 9948 BURGANDY BAY ST
 ORLANDO FL 32817** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 GERSH, RICHARD
 9936 BURGANDY BAY ST
 ORLANDO FL 32817** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 BALL, TRACY A
 2945 CEDINA COVE ST
 ORLANDO FL 32817** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 BECKMAN, JOHN
 9931 BURGANDY BAY ST
 ORLANDO FL 32817** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 CULLEY, SHERYL L
 9900 BURGANDY BAY ST
 ORLANDO FL 32817** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
WILLIAM D BISHOP

3-2-01 402-677-3499
 Date Daytime Phone #

CR2E037 (10/00)