2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 07, 2001 8:00 am gray of State DOCUMENT # N9500005876 1. Entity Name THE FALLS @ SHERIDAN COMMUNITY ASSOCIATION, INC. 05-07-2001 90033 037 ****61.25 Principal Place of Business Mailing Address P O BOX 120118 P O BOX 120118 W MELBOURNE FL 32912 W MELBOURNE FL 32912 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEi Number 59-3348572 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Embry Street Address (P.O. Box Number is Not Asceptable) O'DONNELL, RICHARD 700 N. WICKHAM ROAD, STE 209 **MELBOURNE FL 32935** City w. Melbourne 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. VPD ☐ Addition ☐ Delete TITLE TITLE O'DONNELL, RICHARD NAME NAME 740 Conesteebr STREET ADDRESS **765 CONEATER DR** STREET ADDRESS Melbourne FL 32904 CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32935 VPD** Change TITLE TITLE Delete RICHARD WUSEK DOUTY, BRUCE NAME NAME 765 Conestee STREET ADDRESS 766 CONESTEE DR STREET ADDRESS Melbourne FL 32904 CITY-ST-ZIP CITY-ST-ZIF MELBOURNE FL 32904 S Change ■ Addition TITLE TITLE ☐ Delete WAREING, ROSALIE NAME NAME STREET ADDRESS **792 CONESTEE DR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **MELBOURNE FL 32904** TD Change ☐ Addition ☐ Delete TITLE TITI F EMBRY, DEBI NAME NAME STREET ADDRESS 797 CONESTEE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32904 Delete TITLE Addition TITLE Carol Snyber 874 Shoshone La WHEAT, MICHEAL NAME NAME 743 CONESTEE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MELBOURNE FL 32904** CITY-ST-ZIP TITLE Change ☐ Addition Delete TITLE NAME MCGEE, DAVID NAME STREET ADDRESS **793 CONESTEE DR** STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32904 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR