

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90296 004 \*\*\*\*61.25

**DOCUMENT # 761153**

1. Entity Name

**RIO PINAR LAKES HOMEOWNER'S ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**7523 ALOMA AVE.  
 #210  
 ORLANDO FL 32792  
 US**

**P O BOX 677307  
 ORLANDO FL 32867-7307  
 US**

2. Principal Place of Business

3. Mailing Address

**4962 N. Palm Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Winter Park, FL**

City & State

4. FEI Number

**59-2140596**

Applied For

Not Applicable

**32792-9111**

Country

**US**

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

**FRASCA, JOSEPH  
 7523 ALOMA AVENUE, SUITE 210  
 WINTER PARK FL 32792**

Name

**Joseph Frasca**

Street Address (P.O. Box Number is Not Acceptable)

**90 Preferred Community Management**

**4962 N. Palm Avenue**

**Winter Park**

**FL 32792-9111**

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 **PD** ☐ Delete  
 NAME **GEORGE, DON**  
 STREET ADDRESS **7841 ALTAVAN AVE.**  
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE **TD** ☐ Delete  
 NAME **MCKENZIE, DIANE**  
 STREET ADDRESS **7846 ALTAVAN AVE**  
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE **SD** ☐ Delete  
 NAME **DEMERCURIO, DENISE**  
 STREET ADDRESS **2330 RIO PINAR LAKES BLVD.**  
 CITY-ST-ZIP **ORLANDO FL**

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

TITLE **D** ☐ Delete  
 NAME **ROSE, GEORGE**  
 STREET ADDRESS **7841 ALTAVAN AVE.**  
 CITY-ST-ZIP **ORLANDO FL 32822**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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)(l), 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 REQUIRED DON GEORGE**

**1/21/02**

**407-281-8477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)