NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

02 APR -2 AM 8:50 **DOCUMENT#** N9600000 2849 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Entity Name 80057757 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 1813 N. Dean Rd Mailing Address Dean 813 Suite, Apr. 1. etc. Suite Apr. 1. etc. DO NOT WRITE IN THIS SPACE 103 103 City & State Orland 4. FEI Number Applied For FL *2*33 FL Orlando Not Applicable Country Country 32817 32817 \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent: ---Speet Address (P.O. Box Number is Not Acceptable) DO NOT WRITE MONAREMENT, IN THIS SPACE 1813 N. Dean Rd. Suite 103 Zip Code 32817 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. awrence M. Sheeler SIGNATURE Make Check Payable to \$5.00 May Be 9. Election Campaign Financing FEE IS \$61.25 Trust Fund Contribution. Department of State Initial or Amended UBR OFFICERS AND DIRECTORS 10. TITLE TETLE Frank Ferrone Way Lane NAME STREET ADDRESS STREET ADDRESS CR2E037B Orlando, FL 32825 CITY+ST-ZIP CITY, \$1,7IP 1MLE MILE Bonnie Payne Drive NAME MAME STREET ADDRESS STREET ADDRESS Orlando, FL 32825 . ָמַוּץ, גֹוָיָ זַּף CITY-ST-ZIP TITLE TITLE Lawis Jones 275 Pine Arbor Drive Orlando, FL 32825 NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY - ST - ZIP CITY-ST-71P 5 D Cynthia Mendez 39 Pine Arbor Drive ME IN THIS SPACE TITLE MASJE STREET ADDRESS STREET ADDRESS Orlando, FL 32825 CITY-ST-ZIP CHY-ST-ZP TITLE THLE Nicole Richardson 70 Pine Arbor Drive NAME NALE STREET ADDRESS STREET ADDRESS Orlando, FL 32825 CITY-ST-ZIP CITY-ST-ZIP TITLE DILE Madeline Martinez 107 Underhill Loop Drive NAME NAME STREET ADDRESS STREET ADDRESS Orlando, FL 32825 CITY-ST-ZIP

12. I hereby cenify 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 on an attachment with an address, with all other like empowered.

SIGNATURE: . SIGNATURE AND TYPED OR PRINCED NAME OF

04-02-2002 90950 044 \*\*\*122.50 FN9600002849

Attachment + N9600002849

LAKE UNDERHILL PINES HOMEOWNERS ASSOCIATION, INC.

C/O Penn First Management, Inc. 1813 N. Dean Road, Suite 103 Orlando, FL. 32817 407-282-9988

March 22, 2002

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Sirs:

I am writing this letter as instructed to inform you that we have not been receiving the UBR form for Lake Underhill Pines Homeowners Association, Inc. As a result the form has not been filed and the State of Florida records show the corporation has received an administrative dissolution for not filing the annual Uniform Business Report.

Again, as per your instructions, I downloaded the UBR form and filled it out with all the correct information. I am sending it to you with a check for \$122.50, which is the filing fee for 2001 and 2002.

If you have any questions, please contact me at the address shown above. Thank you for your help in this matter.

Sincerely,

Chip Cook, CMCA

Association Manager