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FILED
Jun 27, 2002 8:00 am
Secretary of State
05-30-2002 91600 017 ****61.25

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

DOCUMENT # N47561

1. Entity Name
Rio Pinar Lakes #4 Community Assn.

95360

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
444 W. New England Ave.	444 W. New England Ave.
Suite, Apt. #, etc. Suite B	Suite, Apt. #, etc. Suite B
City & State Winter Park, FL	City & State Winter Park, FL
Zip 32789 Country	Zip 32789 Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2958331 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Jordan, Brett M.

Street Address (P.O. Box Number is Not Acceptable) 444 W. New England Ave. Suite B

City Winter Park FL Zip Code 32789

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 Brett M. Jordan 5/17/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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

TITLE	PD
NAME	Heaton, Lynn
STREET ADDRESS	7607 Cocohut Creek Ave.
CITY-ST-ZIP	Orlando, FL 32822
TITLE	STD
NAME	Hamilton, Angela
STREET ADDRESS	7805 Altavan Ave.
CITY-ST-ZIP	Orlando, FL 32822
TITLE	VD
NAME	Rallison, John
STREET ADDRESS	7701 Altavan Ave
CITY-ST-ZIP	Orlando, FL 32822
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 4/23/02 407 647-2622
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #