

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90141 044 ****61.25

DOCUMENT # N97000004798

1. Entity Name
FIELDSTREAM HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789**

Mailing Address

**444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789**

2. Principal Place of Business

882 JACKSON AVE

3. Mailing Address

882 JACKSON AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Winter Park FL

City & State

Winter Park FL

4. FEI Number **59-3470140**

Applied For
Not Applicable

Zip

32789

Country

USA

Zip

32789

Country

USA

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

**DAVIS, MARC
444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789**

Name

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

882 JACKSON AVE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/20/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NIXON, WILLIE	
STREET ADDRESS	10532 BROWN PLACE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CUMILLON, ARONNE	
STREET ADDRESS	619 FIELDSTREAM BLVD	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORTNA, DAVID	
STREET ADDRESS	10526 BROWN PLACE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CURRY, DEBORAH	
STREET ADDRESS	643 FIELDSTREAM BLVD	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, MADELINE	
STREET ADDRESS	456 FLYROD CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUCAS, BONNIE	
STREET ADDRESS	336 FLYROD CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32825	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	XXXXXXXXXX	
STREET ADDRESS	XXXXXXXXXX	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Camilleri, Ronnie	
STREET ADDRESS	619 Fieldstream Blvd.	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fortna, David	
STREET ADDRESS	10526 Brown Place	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melise, Thalia	
STREET ADDRESS	10551 Angler Court	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kapf, George	
STREET ADDRESS	10533 Angler Court	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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] **REQUIRED**

3/20/03

407-647-2622

CR2E037 (10/02)