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

DOCUMENT # 756649 The 18B Green Homeowners Association

FILED Feb 10, 2004 8:00 am Secretary of State 02-10-2004 90003 036 ****61.25

DO NOT WRITE IN THIS SPACE				54004165			
2. Principal F	Place of Business DBOX 607626	3. Mailing Address P.D. Box	100710260				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & Stat	ando, FL	City & State Orlando), FL.	4. FEI Number	V. 404	Applied For Not Applicable	
Zip 32	2860 Country	^{Zip} 2860	Country	5. Certificate of Status		3.75 Additional e Required	
			Nama	7. Name and Address o	. , 	gent	
	DO NOT WI	DITE TO		cille Sciandra			
	Security of the Control of the Contr		Street Address (dress (P.O. Box Number is Not Acceptable) 73 VIII a ROSE Lane			
IN THIS SPACE							
			CityOrlas	ndo ,	FL	Zip Code	
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 obligat	tions of registered agent.		3			Tana addapt	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
N	FEE IS \$61.25 Initial or Amended UBR		npaign Financing	\$5.00 May Be Added to Fees	Make Check F Florida Departm	SECURITION OF THE PROPERTY OF	
10	OFFICERS AND DIRE		- State of the sta	No.		**************************************	
TITLE	President Director		TITLE				
NAME STREET ADDRESS	Thomas E. Name. 3848 Villa Rose Ln.	7	NAME STREET ADDRESS				
CITY-ST-ZIP	Orlando, FL 32808		GITY-ST-ZIP				
TITLE	vice President Ne	rectou	TITLE				
NAME STREET ADDRESS	Ferno Elliato	00.0	NAME				
CITY-ST-ZIP	9864 Villa Rose da Orlando, Il 30808		STREET ADDRESS CITY-ST-ZIP				
TITLE -	TROASURER DIRECTOR		- TILE				
NAME	DEBURAH BINGHAM		NAME		na propinski se pro Propinski se propinski se propins		
STREET ADDRESS CITY-ST-ZIP	3850 VILLA ROSE LANG ORLANDO, PL 32808	š	STREET ADDRESS CITY-ST-ZIP	DO N	OT WRIT	E l	
TITLE	Secretary, Director		TITLE	and a state of the second seco	of temporary and the memory and the second and the		
NAME	Lucille Sciandra		NAME	INTH	IS SPACI		
STREET ADDRESS	3873 VIlla Rose Li		STREET ADDRESS				
CITY-ST-ZIP	Orlando, FL 328	708	CITY-SI-ZIP		No. 10 The Control of		
TITLE	DIROCTOR HARRIET EUBANKS		TITLE				
NAME STREET ADDRESS	HARRIET EUBANKS 3866 VIIIa Rose La	ne	NAME STREET ADDRESS				
CITY-ST-ZIP	ORIANDO, FL. 32808		CITY-S1-ZIP				
TITLE			TITLE	<u> Territorio de la composición del composición de la composición d</u>		Edigates (Phagasaria)	
NAME OTREET ADDRESS			NAME				
STREET ADDRESS		-	STREET ADDRESS				

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 trie 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.

SIGNATURE: