

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State
 04-23-2001 90013 039 ****61.25

DOCUMENT # 759463

1. Entity Name

ORANGE COUNTY HOMEOWNERS ASSOCIATION, INCORPORAT

Principal Place of Business

Mailing Address

P O BOX 533657
 ORLANDO FL 32819-5000

P O BOX 533657
 ORLANDO FL 32819-5000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2288209

Applied For

Not Applicable

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

SPEARS, RICHARD
9132 RIDGE PINE TRAIL
ORLANDO FL 32819

Name

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

City

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.

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 **VD** ☐ Delete
 NAME **COUCHMAN, GAIL**
 STREET ADDRESS **451 SONOMA VALLEY CIR**
 CITY-ST-ZIP **ORLANDO FL 32835**

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

TITLE **VD** ☐ Delete
 NAME **BROWN, ROBERT H**
 STREET ADDRESS **7973 SOUTH PARK PL**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **EMLING, JONI M**
 STREET ADDRESS **3055 BIRMINGHAM BLVD**
 CITY-ST-ZIP **ORLANDO FL 32829**

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

TITLE **PD** ☐ Delete
 NAME **SPEARS, RICHARD L.**
 STREET ADDRESS **9132 RIDGEPINE TRAIL**
 CITY-ST-ZIP **ORLANDO FL 32819**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Delete
 NAME **TITER, TRISH**
 STREET ADDRESS **8103 WELLSMERE CIR**
 CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **D** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** ☐ Change ☒ Addition
 NAME **PAGE, FRANK L**
 STREET ADDRESS **5010 WINWOOD WAY**
 CITY-ST-ZIP **ORLANDO FL 32819**

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
FRANK L PAGE TREASURER 4/13/01 407-352-5578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)