2000 UNIFORM BUSINESS REPORT (UBR)

3/4/00-90092-015-$61.25-$61.25

DOCUMENT # 765556

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

1. Entity Name

POINCIANA CHAPTER #3520 OF AMERICAN ASSOCIATION

Principal Place of Business	Mailing Address
771 SQUIRREL CT KISSIMMEE FL 34759 US	771 SQUIRREL CT KISSIMMEE FL 34759-4312 US

2. Principal Place of Business: 307 EDGEWOOD CT
Suite, Apt. #, etc.

3. Mailing Address: SAME
Suite, Apt. #, etc.

City & State: POINCIANA, FL
Zip: 34759
Country: POLK

City & State
Zip
Country

4. FEI Number: NOT APPLICABLE — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

ROUSCH, ROBERT
307 EDGEWOOD CT
KISSIMMEE FL 34759

7. Name and Address of New Registered Agent

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: Robert W. Rousch — Robert W. Rousch
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	T	☐ Delete	TITLE	D	☐ Change ☑ Addition
NAME	MULLEN, DOROTHEA		NAME	JUNE REED	
STREET ADDRESS	504 CARLSBAD DR		STREET ADDRESS	794 DEL PRADO	
CITY-ST-ZIP	POINCIANA FL 34758		CITY-ST-ZIP	POINCIANA FL 34758	
TITLE	PRES	☑ Delete	TITLE	PRES.	☑ Change ☐ Addition
NAME	ROUSCH, ROBERT		NAME	Winnifred S. FIELDS	
STREET ADDRESS	307 EDGEWOOD CT		STREET ADDRESS	701 E. CADDY LANE	
CITY-ST-ZIP	POINCIANA FL		CITY-ST-ZIP	POINCIANA, FL 34759	
TITLE	D	☑ Delete	TITLE	T	☐ Change ☑ Addition
NAME	ROGALSKI, FRANCIS J		NAME	DORIS STEPHENS	
STREET ADDRESS	771 SQUIRREL CT		STREET ADDRESS	6 FLAG DR	
CITY-ST-ZIP	POINCIANA FL 34759		CITY-ST-ZIP	POINCIANA FL 34759	
TITLE	VP	☑ Delete	TITLE	VICE. PRES	☑ Change ☐ Addition
NAME	LOTT, MARGARET		NAME	MARY DEAL	
STREET ADDRESS	639 BROCKTON DR		STREET ADDRESS	13 FLAG WAY	
CITY-ST-ZIP	KISSIMMEE FL 34758		CITY-ST-ZIP	POINCIANA, FL 34759.	
TITLE	S	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BARBARA HOKAUSON		NAME		
STREET ADDRESS	716 PAKITE DR		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34758		CITY-ST-ZIP		
TITLE	D	☑ Delete	TITLE	D	☑ Change ☐ Addition
NAME	FIELDS, WINIFRED		NAME	Robert W. Rousch	
STREET ADDRESS	701 E CADDY LA		STREET ADDRESS	307 EDGEWOOD CT	
CITY-ST-ZIP	KISSIMMEE FL 34759		CITY-ST-ZIP	POINCIANA, FL. 34759	

CR2E037 (9/99)

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: W. Winfred RAFFIELDS — 2-9-2000 — 863-427-0619
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #