

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # 767189

1. Entity Name
 OLD MILL RUN 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 29016 OLD MILL RD. Suite, Apt. #, etc.	3. Mailing Address 15240 SHADY LANE Suite, Apt. #, etc.
---	---

DO NOT WRITE IN THIS SPACE

City & State TAVARES FL	City & State TAVARES FL	4. FEI Number 59-2530439	Applied For Not Applicable
Zip 32778	Country	Zip 32778	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

SMITH ADAM
 444 W. NEW ENGLAND AVE., STE. B

 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name
 COPARE MARGARET V
 Street Address (P.O. Box Number is Not Acceptable)
 15240 SHADY LANE

 City
 TAVARES FL Zip Code
 32778

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 MARGARET V. COPARE DATE 04/30/2001
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	
TITLE D <input type="checkbox"/> Delete	NAME HUMPHREY JIM STREET ADDRESS 15304 GRINDERS GLEN CITY-ST-ZIP TAVARES FL 32778
TITLE D <input type="checkbox"/> Delete	NAME BATSON HEATHER STREET ADDRESS 29142 W. OLD MILL RD. CITY-ST-ZIP TAVARES FL 32778
TITLE TD <input type="checkbox"/> Delete	NAME MARTIN MARGE STREET ADDRESS 29124 OLD MILL WEST CITY-ST-ZIP TAVARES FL 32778
TITLE SD <input type="checkbox"/> Delete	NAME OLDS MARY LYNN STREET ADDRESS 29319 E. OLD MILL RD. CITY-ST-ZIP TAVARES FL 32778
TITLE VD <input type="checkbox"/> Delete	NAME POLLARD DENNIS STREET ADDRESS 32829 C.R. 473 CITY-ST-ZIP LEESBURG FL 34768
TITLE PD <input type="checkbox"/> Delete	NAME COPARE MARGARET STREET ADDRESS 29016 OLD MILL RD. CITY-ST-ZIP TAVARES FL 32778

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME SANCHEZ LU STREET ADDRESS 15230 WILLOW LANE CITY-ST-ZIP TAVARES FL 32778
TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME THISE JEANNE M STREET ADDRESS 15241 WILLOW LANE CITY-ST-ZIP TAVARES FL 32778
TITLE TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STEBBINS BILL STREET ADDRESS 29350 W. OLD MILL RUN CITY-ST-ZIP TAVARES FL 32778
TITLE SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME DEHNER CAROL STREET ADDRESS 15302 WILLOW LANE CITY-ST-ZIP TAVARES FL 32778
TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
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)(f), 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: MARGARET V. COPARE PD 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)