

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 767189

FILED
Apr 25, 2003
Secretary of State

Entity Name: OLD MILL RUN HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

29016 OLD MILL RD.
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

15240 SHADY LANE
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-2530439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COPARE, MARGARET V
15240 SHADY LANE
TAVARES, FL 32778

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: COPARE, MARGARET
Address: 29016 OLD MILL RD.
City-St-Zip: TAVARES, FL 32778

Title: VD () Delete
Name: POLLARD, DENNIS
Address: 32829 C.R. 473
City-St-Zip: LEESBURG, FL 34788

Title: SD () Delete
Name: DEHNER, CAROL
Address: 15302 WILLOW LANE
City-St-Zip: TAVARES, FL 32778

Title: TD () Delete
Name: STEBBINS, BILL
Address: 29350 W. OLD MILL RUN
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: FRICK, TONY
Address: 15027 BREWERS COURT
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: KLEIN, JIM
Address: 29247 E. OLD MILL ROAD
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: COPARE, MARGARET
Address: 15240 SHADY LANE
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ETHELL, SHANE
Address: 15222 GRINDERS GLEN
City-St-Zip: TAVARES, FL 32778

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET COPARE

PD

04/25/2003

Electronic Signature of Signing Officer or Director

Date