2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## DOCUMENT # N0000005723

1. Entity Name

CITY-ST-ZIP

DATECHANIERS ASSOCIATION INC



**FILED** May 08, 2003 8:00 am Secretary of State

05-08-2003 90174 042 \*\*\*\*61.25

	UAKS HUMEUWNERS ASSI	1					
Principal Place 1749 CEDAR ST LAKE MARY FL	ONE COURT	Mailing Address 1749 CEDAR STONE COURT LAKE MARY FL 32746					
1707 0	ace of Business	3. Mailing Address 1707 GDAX 5107 Suite, Apt. #, etc.	ti et		HECK HERE IF M	ââiil Bâlâl Giin Isala wa	8 (3)1 ( <b>3)6</b> 1
Suite, Apt. #	#, etc.	Suite, Apt. #, otc.					lied For
City & State	5	City & State	FL	4. FEI Number 59	-3668647		Applicable
Zip	Country	Zip	Country	5. Certificate of Sta	atus Desired	\$8.75 Addit Fee Required	
32746	6. Name and Address of Current	32746		7. Name and Addr	ess of New Regis	tered Agent	
	O. Hamo and Address of the		Name <b>N</b>	LICHAGL F. M	c Arendã		
	Z, LUIS R		Street Add	dress (P.O. Box Number is N	ot Acceptable)		
	)AR STONE COURT RY FL 32746		\7.7	C			
DAKE MA	NI FL 32140		City	CEDAR STONE		FL Zip Code	Ma
			LAKE	MATE and paget or both in t	the State of Florida		
8. The above	named entity submits this statement flions of registered agent.	the purpose of changing its re	egistered office of re	egistered agent, or both, in	and blate on have		
(no obligat	M DANC)				4.:	26.03	
SIGNATURE 2	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	e required when reinstating)		DATE	
	Signature, typed or printed frame or registered ago						
-	3			4- 4-	Maka	Check Payable 1	to i
I	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	paign Financing entribution.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Florida (	Department of S	State
	FILE NOW: FEE IS \$61.25	Trust Fund Co	antribution.	Added to Fees  ADDITIONS/CHANG	Florida (	Department of S	itate 10
10	OFFICERS AND DI	Trust Fund Co	11.	Added to Fees  ADDITIONS/CHANG  PD	Florida I	Department of S	State
10. TITLE NAME	OFFICERS AND DI	Trust Fund Co	11. TITLE NAME	Added to Fees  ADDITIONS/CHANG  PD  MICHAGE F. MCA	Florida I	Department of S	itate 10
10. TITLE NAME STREET ADDRESS	OFFICERS AND DI PD FRESQUEZ, LUIS R 1749 CEDAR STONE CT	Trust Fund Co	11. TITLE NAME	Added to Fees  ADDITIONS/CHANG  PD  MICHAGE F. McA.  1707 CETATE STATE	Florida I ES TO OFFICERS A TETOLOGY	Department of S	10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees  ADDITIONS/CHANG  PD  MICHAGE F. M.A.  1707 CEIDATE STA  LAKE MARRY FL	Florida I ES TO OFFICERS A TETOLOGY	Department of S	itate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD FRESQUEZ, LUIS R 1749 CEDAR STONE CT LAKE MARY FL 32746 VPD HERRING, FRED	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees  ADDITIONS/CHANG  PD  MICHAGL F. McA.  1707 CETATE STOR  LAVE MATRY FL  PD  15013413 7.CHAR	Florida I ES TO OFFICERS A TENDO TEN	Department of S	10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD FRESQUEZ, LUIS R 1749 CEDAR STONE CT LAKE MARY FL 32746 VPD HERRING, FRED 1748 CEDAR STONE CT	Trust Fund Co	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CHANG  PD  MICHAGL F. McA.  107 CEDATE STOR  LANG MARRY FL  1770  15513444 F.CHAR  1731 COMMAN STOR	Florida I ES TO OFFICERS A TENDO TEN	Department of S  AND DIRECTORS IN Change  Change	10 Addition Addition
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10.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	PD FRESQUEZ, LUIS R 1749 CEDAR STONE CT LAKE MARY FL 32746 VPD HERRING, FRED 1748 CEDAR STONE CT LAKE MARY FL 32746 TD TAYLOR, BARBARA	Trust Fund Co	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees  ADDITIONS/CHANG  PD  MICHAGL F. McA.  1707 CETATE STOR  LAVE MARRY FL  PD  STORIGHT FL  1731 COTTON STOR  LA. MOTERY FL  TO  KIM WAXMAN	Florida I ES TO OFFICERS A TENSIS TEN	Department of S  AND DIRECTORS IN Change  Change	10 Addition Addition
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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.

4.26.03

407-622-0029