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

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90111 001 ****61.25

DOCUMENT # N01000003094

1. Entity Name FOUR CORNERS HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5695 BEGGS ROAD	5695 BEGGS ROAD
Suite, Apt. #, etc. SUITE B-100	Suite, Apt. #, etc. SUITE B-100
City & State ORLAND, FLORIDA	City & State ORLANDO, FLORIDA
Zip 32810 / Country US	Zip 32810 / Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3720908 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: SUTHERLAND, THERESA

Street Address (P.O. Box Number is Not Acceptable): 5695 BEGGS ROAD

SUITE B-100

City: ORLANDO **FL** Zip Code: 32810

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 THERESA SUTHERLAND Theresa Sutherland 4-23-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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	PD	TITLE	
NAME	ADKINS, WILLIAM M.	NAME	
STREET ADDRESS	108 PARK PLACE BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	GLANCE, GEORGE O.	NAME	
STREET ADDRESS	108 PARK PLACE BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	SPARKS, HEATHER	NAME	
STREET ADDRESS	108 PARK PLACE BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP	
TITLE	TD	TITLE	
NAME	BAKER, JIM	NAME	
STREET ADDRESS	108 PARK PLACE BOULEVARD	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34741	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Heather Sparks HEATHER SPARKS 4/18/02 407-296-0411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #