

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # N01000003399

1. Entity Name
WORTHINGTON PARK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 7061 GRAND NATIONAL DRIVE, SUITE 121, ORLANDO, FL 32819
Mailing Address: 7061 GRAND NATIONAL DRIVE, SUITE 121, ORLANDO, FL 32819

2. Principal Place of Business: **8618 CRESTGATE CR**
3. Mailing Address: **8618 CRESTGATE CR**

City & State: **ORLANDO FL** City & State: **ORLANDO FL**
Zip: **32819** Country: **USA** Zip: **32819** Country: **USA**

4. FEI Number: **010635212** Applied For: Not Applicable

5. Certificate of Status Desired: \$2.75 Additional Fee Required

6. Name and Address of Current Registered Agent:
Name: **MAT T. RAAD**
Street Address (P.O. Box Number is Not Acceptable): **8618 CRESTGATE CR**
City: **ORL** State: **FL** Zip Code: **32819**

7. Name and Address of New Registered Agent: (Same as above)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* **MAT RAAD Pms 3542126 (9/11/03)**

9. Election Campaign Financing: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME: PSD RAAD, MAT T STREET ADDRESS: 7061 GRAND NATIONAL DRIVE #121 CITY-STATE-ZIP: ORLANDO, FL 32819	<input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VTD SCALA, FRANCO STREET ADDRESS: 7061 GRAND NATIONAL DRIVE #121 CITY-STATE-ZIP: ORLANDO, FL 32819	<input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D RAAD, CAROLYN STREET ADDRESS: 7061 GRAND NATIONAL DRIVE #121 CITY-STATE-ZIP: ORLANDO, FL 32819	<input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D SCALA, YVONNE STREET ADDRESS: 7061 GRAND NATIONAL DRIVE #121 CITY-STATE-ZIP: ORLANDO, FL 32819	<input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Delete	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information included on this report or supplemental report is true and accurate and that my digital signature has the same legal effect as if signed 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 no address, with all other, the empowered.

SIGNATURE: *[Signature]* **9/10/03 473542126**



CHECK HERE IF MAKING CHANGES

CRREG037 (10/02)

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