

FILED

03 SEP -8 PM 2:19

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, SUITE APT. R, etc.  
3. Mailing Address: 8618 CRESTGATE CR, SUITE APT. R, etc.

City & State: ORLANDO FL  
City & State: ORLANDO FL  
FEE Number: 010635212  
Applied For: Not Applicable

To: 32819 USA  
To: 32819 USA  
5. Certificate of Status Desired:  \$2.75 Additional Fee Required

6. Name and Address of Current Registered Agent: RAAD, MAT T, 7061 GRAND NATIONAL DRIVE, SUITE 121, ORLANDO, FL 32819  
7. Name and Address of New Registered Agent: Name: MAT T. RAAD, Street Address: 8618 CRESTGATE CR, City: ORI, FL, Zip Code: 32819

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 T. 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: RAAD, MAT T STREET ADDRESS: 7061 GRAND NATIONAL DRIVE #121 CITY-STATE-ZIP: ORLANDO, FL 32819	<input type="checkbox"/> Enter	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCALA, FRANCO STREET ADDRESS: 7061 GRAND NATIONAL DRIVE #121 CITY-STATE-ZIP: ORLANDO, FL 32819	<input type="checkbox"/> Enter	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RAAD, CAROLYN STREET ADDRESS: 7061 GRAND NATIONAL DRIVE #121 CITY-STATE-ZIP: ORLANDO, FL 32819	<input type="checkbox"/> Enter	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCALA, YVONNE STREET ADDRESS: 7061 GRAND NATIONAL DRIVE #121 CITY-STATE-ZIP: ORLANDO, FL 32819	<input type="checkbox"/> Enter	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Enter	NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY-STATE-ZIP: _____	<input type="checkbox"/> Enter	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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