## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 29, 2002 8:00 am DOCUMENT # N0100003657 Secrétary of State 1. Entity Name 07-29-2002 90006 006 \*\*\*\*61.25 TERRA OAKS AT GRAND OAKS NEIGHBORHOOD ASSOCIATIO N. INC. Principal Place of Business Mailing Address 1 0 0 0 1 1 151 WYMORE ROAD SUITE 4000 151 WYMORE ROAD SUITE 4000 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Blvd 4902 Eisenhower Blvd 4902 Elsenhower Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 380 580 stute suite City & State City & State 4. FEI Number Applied For anoa, anpa, 59-373 2061 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired US A USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent D. VALENTI Street Address (P.O. Box Number is Not Acceptable) PATRICIA KIMBALL FLETCHER, P.A. Eisenhower 200 SOUTH BISCAYNE BLVD SUITE 3410 MIAMI FL 33131 anpa 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. (NOTE: Registered Agent signature required when reinstating) After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 DP TITLE ☐ Delete TITI F ☐ Addition valenti, betty NAME NAME STREET ADDRESS 4902 EISENHOWER BLVD SUITE 289 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33634 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME LEATHAM, RICHARD NAME STREET ADDRESS 4902 EISENHOWER BLVD SUITE 289 STREET ADDRESS CITY-ST-ZIP TAMPA FL 33634 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME GRANT, WILLIAM E NAME STREET ADDRESS 4902 EISENHOWER BLVD SUITE 289 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33634 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

**SIGNATURE:** 

TITLE

STREET ADDRESS

CITY-ST-ZIF

CALENTI CONTRACTOR VALENTI

☐ Delete

7/13/02 (8/3)901-5263

Change

Addition