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

## DOCUMENT # N0200005309

1. Entity Name

EMORY TOWNHOUSES CONDOMINIUM ASSOCIATION, INC.



APPACALL ALEO

-03 OCT -8 PM 4: 34

Principal Place of Business 1614 FOLA DR ORL 7 FL 32806	Mailing Address 1614 EOLA DR ORLANDO FL 32806	SECRETARY OF STATE TALLAHASSEE. FLORIDA
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	REINSPATEMENT - 2003
City & State	City & State	4. FEI Number 42 8 3 76 Applied For Not Applicable
Zip Country	Zip Country	S. Certificate of Status Desired     Secretary Secr
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent		
DENAULT, DANIEL B  1614 EOLA DR  ORLANDO FL 32806  Street Address (P.O. Box Number is Not Addeptable)  Orlando FL 32804  City  City  Orlando FL Zip Code 32804  8. The above name centity submite this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations disapistered agent.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE		
FILE NOW: FEE IS \$51.25		
10. OFFICERS AND DIF	RECTORS 11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  President  Cregg  216 Emory PR	Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition .
TITLE VTEE Rresident  NAME STREET ADDRESS CITY-ST-ZIP  TANAGE  TO TANAGE  TITLE  TO TANAGE  TO TANA	Delete = TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Change ☐ Addition
TITLE SECRETARY  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  SECRETARY  MARK RODWEI  CITY-ST-ZIP  CITY-BROWN  CITY-ST-ZIP  C	Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 100023613831 10/07/0301037027 **245.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TREASUREY SAUNDER SAUNDER SAUNDER SAUNDER SEOLA D OXILANDO F	☐ Delete TITLE	☐ Change ☐ 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 eath; that I am an officer or director of the corporation or the receiver or invited 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 activess. With/all other like empowered.

SIGNATURE:

. GREGG 63.83 401.116