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

9/27

FILED
Sep 15, 2003 8:00 am
Secretary of State
09-02-2003 90192 041 ****61.25

DOCUMENT # N02000007791

1. Entity Name
SUGARLOAF MEADOW HOMEOWNERS ASSOCIATION, INC.

6018

Principal Place of Business	Mailing Address
6015 SHORELINE DRIVE ORLANDO FL 32819	6018 6015 SHORELINE DRIVE ORLANDO FL 32819

[redacted]

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANGLEY, RICHARD H
700 ALMOND STREET
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name OSAMA H. MAHMOUD
Street Address (P.O. Box Number is Not Acceptable) 6018 SHORELINE DR.
City ORLANDO 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 _____ OSAMA H. MAHMOUD 9/12/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TPD HEGAZY, HUSSIEN 6015 SHORELINE DRIVE ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6018 SHORLINE DR.	☒ Change ☐ Addition CORRECTION
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RAMADAN, SAMIR 6015 SHORELINE DRIVE ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6018 SHORLINE DR.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MAHMOUD, OSAMA H 6015 SHORELINE DRIVE ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6018 SHORLINE DR.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/03)

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.

SIGNATURE: SIGNATURE REQUIRED 8-27-2003 (407)3550351
SIGNATURE AND TYPED OR PRINTED NAME OF ~~BEING~~ OFFICER OR DIRECTOR — Date — Daytime Phone #