

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90104 016 ****61.25

DOCUMENT # N10344

1. Entity Name

SHERWOOD FOREST HOMEOWNERS' ASSOCIATION OF ORLANDO, INC.

Principal Place of Business

Mailing Address

P.O. BOX 677307
ORLANDO FL 32867-7307
US

P.O. BOX 677307
ORLANDO FL 32867-7307
US

80023184



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2657933**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRASCA, JOSEPH
7523 ALOMA AVE
SUITE 210
WINTER PARK FL 32792

Name **Joseph Frasca**
Street Address **96 Preferred Community Management**
4962 N. Palm Avenue
City **Winter Park** FL Zip Code **32792-9111**

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.

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	☐ Delete
NAME	MUOIO, ROBERT	
STREET ADDRESS	1438 SKYBOLT CT	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	PD	☐ Delete
NAME	GILSON, ELIZABETH	
STREET ADDRESS	115 LAKE DR	
CITY-ST-ZIP	OVEDO FL 32765	
TITLE	SD	☐ Delete
NAME	O'MALLEY, SHAWN	
STREET ADDRESS	550 HOLT AVE #18	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

Elizabeth Gilson **ELIZABETH GILSON** **1/23/02** **4073651499**

CR2E037 (9/01)