2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12246

1. Entity Name

NESTLINKS	HOMEOWNER'S	ASSOCIATION,	INC.

Principal Place of Business	Mailing Address
9300 PARK BLVD SEMINOLE FL 33777 US	9300 PARK BLVD SEMINOLE FL 33777-4139 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

FILED Mar 20, 2000 8:00 am Secretary of State 03-20-2000 90076 020 ****61.25

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Principal Place of Business M		Mailin	ng Address								
9300 PARK BLY SEMINOLE FL US			PARK BLVD IOLE FL 33777-4139			1 10011161 501 11019 110	RE MEN BIRIE	ANN BIRN BIR	11 210 21 21611	A1911 E19(1 (98)	
2. Principal P	lace of Business	3. Ma	iling Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State		City	Citý & State		4	4. FEI Number 59-2772659			J	Applied For	
71-	Country	Zin	Zini Country			39 21	12009		\$8.75 A	Not Applicable	
Zip	Country	Zip		Country	5	5. Certificate of Status	Desired		Fee Requ		
	6. Name and Address of Current	Register	ed Agent		7	7. Name and Address	of New Re	gistered	Agent		
				Name						1	
CCADVELL	I AOTLINO		Street Address (P.O. Box Number is Not Acceptable)								
	LI, ARTHUR ITLINKS TERR								· · · · · · · · · · · · · · · · · · ·		
	FL 33777										
OLMII TOLL				City				FL	Zip Co	ode	
8 The above	named entity submits this statement for	or the pure	ose of changing its	registered office o	or registered	agent, or both, in the s	tate of Flori	da.	1		
o. The above	* ",	or and park	0000 01 01	Togretorod officer o		- -					
	TANAMATAKAN METANTAN PENDAMATAN PENDAMBAN PENDAMBAN PENDAMBAN PENDAMBAN PENDAMBAN PENDAMBAN PENDAMBAN PENDAMBAN PENDAMBAN PENDAMBAN										
SIGNATURE .	<u> </u>		Liestie (NOT)	E. Registered Agent signa	thure required who	en reinstation)	<u> </u>	DATE			
	Signature, typed or printed name of registered agent	and title if ap	pilcable, (NOTI	c. negistered Agent signa	uure requireu writ	errienstating)					
								0 11-	D l-1-		
	FILE NOW:	. 9.	Election Campaigr Trust Fund Contrib	~ _~	\$5.00 Added to				Payable of State		
	FEE IS \$61.25		most raine contine		Added to	31003	Deb	iai (iliciii	O State	-	
10.	OFFICERS AND DI	RECTORS	<u>. </u>	11,	ADI	DITIONS/CHANGES TO	O OFFICER	S AND DI	RECTORS	IN 10	
TITLE	V		☐ Dalete	TITLE					☐ Chang	e 🔲 Addition	
NAME	MCCOMIS, KARIN			NAME						İ	
STREET ADDRESS	9414 WESTLINKS TERR			STREET ADDRESS						l	
CITY-ST-ZIP	SEMINOLE FL 33777		<u> </u>	CITY-ST-ZIP							
TITLE	TD		☐ Delete	TITLE					Chang	e 🔲 Addition	
NAME CTREET ADORESC	MIRACLE, BARBARA			NAME STREET ADDRESS						}	
STREET ADDRESS CITY-ST-ZIP	9252 WESTLINKS TERR SEMINOLE FL 33777			CITY-ST-ZIP							
TITLE	SD SD		Delete	TITLE	ae			_	☐ Chang	e 🖾 Addition	
NAME	VINCENT, MAURY			NAME		las Anders	6 20		_ `		
STREET ADDRESS	9416 WESTLINKS TERR		·	STREET ADDRESS	19313	i westlinks	Terra	c •		-	
CITY-ST-ZIP	SEMINOLE FL 33777			CITY-ST-ZIP	8emi	nole, FL 37	<u>3777</u>	_			
TITLE	D		☐ Delete	TITLE		-			Chang	e 🔲 Addition	
NAME	CERCE, JOYCE			NAME							
STREET ADDRESS	9250 WESTLINKE TERR	,		STREET ADDRESS CITY-ST-ZIP							
CITY-ST-ZIP	SEMINOLE FL 33777				1			_			
TITLE	P COADUELLE ADTULID		☐ Delete	TITLE NAME					☐ Chang	e 🔲 Addition	
NAME STREET ADDRESS	SCARVELLI, ARTHUR 9410 WESTLINKS TERR			STREET ADDRESS						ľ	
CITY-ST-ZIP	SEMINOLE FL 33777			CITY-ST-ZIP							
TITLE	D		☐ Delete	TITLE	1			_	☐ Chang	e 🔲 Addition	
NAME	MAGUIRE, EMMETT			NAME	1					1	
STREET ADDRESS	9352 WESTLINKS TERRACE			STREET ADDRESS							
CITY-ST-ZIP	SEMINOLE FL		l	CITY-ST-ZIP							
12. I hereby o	pertify that the information supplied with	n this filing	does not qualify fo	r the exemption sta	ated in Section	ion 119.07(3)(i), Florida	Statutes. I	further cer	tify that th	e information	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made those roath, that it all all and accurate and that my signature shall have the same legal effect as it made those roath, that it all all all all all all and the same appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ballard & Misacle (Bor Bara) L. Miracle) Jreacure 3/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-892-2634

Daytime Phone #