2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N20096 Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** RACQUET CLUB VILLAS AT HEATHROW CONDOMINIUM ASSO 03-01-2000 90093 043 ****61.25 Principal Place of Business Mailing Address 2180 W SR 434 STE 5000 2180 W SR 434 STE 5000 SENTRY MANAGEMENT, INC. SENTRY MANAGEMENT, INC. LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-2912844 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) HART, JAMES W. JR 2180 W SR 434 STE 5000 LONGWOOD FL 32779 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition SD ☐ Change TITLE TITLE ☐ Delete ROBIN ROWLES NAME NAME DUETK, ALENE B STREET ADDRESS 225 WIMBLEDON CIR STREET ADDRESS 260 WIMBLEDON CIR. CITY-ST-ZIP HEATHROW FL 32746 CITY-ST-ZIE **HEAHTROW FL 32746** Delete Change X Addition TITLE TD TITLE SUSANNE HALEY NAME NAME SCHNAIER, JULIUS STREET ADDRESS STREET ADDRESS 113 WIMBLEDON CIR 235 WIMBLEDON CIR. CITY-ST-ZIP CITY-ST-ZIP **HEATHROW FL 32746** HEATHROW FL 32746 ☐ Addition TITLE VPD ☐ Delete TITLE X Change NAME STRANG, LONNA NAME STREET ADDRESS 248 WIMBLEDON CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HEATHROW FL 32746** Delete TITLE Change X Addition TITLE ODETTE DELETOILE NAME WATKINS, THOMAS H NAME STREET ADDRESS STREET ADDRESS 239 WIMBLEDON CIR 244 WIMBLEDON CIR CITY-ST-ZIP CITY-ST-ZIP **HEATHROW FL 32746** HEATHROW FL 32746 Delete TITLE Change Addition TITLE WILSON, BETTY NAME NAME MARIANNE ANDERSON STREET ADDRESS STREET ADDRESS 243 WIMBLEDON CIR 228 WIMBLEDON CIR CITY-ST-7IP CITY-ST-ZIP **HEATHROW FL 32746** HEATHROW FL 32746 ☐ Change Addition PD ☐ Defete TITLE TITLE NAME TABB, CARA NAME STREET ADDRESS STREET ADDRESS 231 WIMBLEDON CIR CITY-ST-ZIP CITY-ST-7IP **HEATHROW FL 32746**

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 suppliemental 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 irrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the rece changed, or on an attachment with CARA TABB

SIGNATURE: