2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State **DOCUMENT # N20719** 1. Entity Name 04-16-2002 90181 034 ****61.25 LOT 14, BLOCK 278, UNIT 13, HOMEOWNERS' ASSOCIAT Principal Place of Business Mailing Address 5517 GRANADA BLVD 5517 GRANADA BLVD SEBRING FL 33872-1550 SEBRING FL 33872-1550 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2862063 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) MCCOURT, ORBIE 5517 GRANADA BLVD SEBRING FL 33872 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. CR2E037 (9/01) ☐ Delete TITLE TITLE □ Addition MCCOURT, ORBIE NAME STREET ADDRESS 5517 GRANADA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 ☐ Addition PDSD TITLE ☐ Delete TITLE ☐ Change RIEBLING, VELMA NAME NAME 5515 GRANADA BLVD ____ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 X Change Addition Delete TITLE RIEBLING, HENRY W. DIPAOLO, PHYLLIS 5519 GRANADA BLVD 5519 GRANADA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33873 CITY-ST-ZIP SEBRING FL 33872 M Change M Delete ☐ Addition TITLE TITLE ORBIE B. RIEBLING MCCOURT, BETTY NAME 5519 GRANADA BLVD 5517 GRANALOA BLVD STREET ADDRESS STREET ADDRESS SEBRING FL 33873 CITY-ST-ZIP CITY-ST-ZIP Sebring FL 33872 ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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URE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Dayling Priors #

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 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