2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State
02-14-2000 90123 029 ****61.25

DOCUMENT # N30333

RECEIVED
FEB 09 2000
ATTWOOD-PHILLIPS,

1. Entity Name

STURBRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ANGELIA GORDON PROP MGMT. INC 4030 DIJON DRIVE ORLANDO FL 32808 US	ANGELIA GORDON PROP MGMT. INC 4939 DIJON DRIVE ORLANDO FL 32808 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Attwood-Phillips, Inc	1350 Orange Avenue
Suite, Apt. #, etc. 350 Orange Ave, Ste 100	Suite, Apt. #, etc. 100
City & State Winter Park, FL	City & State Winter Park FL
Zip 32789 — Country USA	Zip 32789 — Country USA

4. FEI Number 43-1245518 ☐ Applied For ☐ Not Applicable

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
ANGELIA GORDON PROP MGMT INC 4030 DIJON DRIVE ORLANDO FL 32808	Name: Attwood-Phillips, Inc Street Address (P.O. Box Number is Not Acceptable): 1350 Orange Avenue, Suite 100 City: Winter Park FL Zip Code 32789

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: Roger V - Phillips 1/28/00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DE MARCO, EVETTE 1337 SILVERTHORN DR ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LOPEZ, JOSE 11267 CYPRESS LEAF DR ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Cindy Roper 1401 Silverthorn Drive Orlando, FL 32825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DUFOUR, JOHN 1336 SILVERHORN DR ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V OLIVER, MARIO 11318 CYPRESS LEAF DR ORLANDO FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T JEAN-ETIENNE, RONALD 11106 CYPRESS LEAF DR ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STOVER, DAVID 11192 CYPRESS LEAF DR ORLANDO FL 32825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 John C DuFour 2/2/00 (407)629-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #