## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

## FILED **DOCUMENT # N41430** Feb 19, 2000 8:00 am 1. Entity Name Secretary of State PARK PLACE AT MEADOW WOODS HOMEOWNERS' ASSOCIATI 02-19-2000 90015 025 \*\*\*\*61.25 Mailing Address Principal Place of Business 2180 W SR 434 STE 5000 2180 W SR 434 STE 5000 LONGWOOD FL 32779 LONGWOOD FL 32779 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3108532 Not Applicable Zip Country \$8.75 Additional Zip Country 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 City Zip Code LONGWOOD FL 32779 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **⊠**Addition Delete Change VD. TITLE TITLE HORINE, WILLIAM NAME NAME HORINE, SHIRLEY 868 Monoply Ct Orlando, FL 32824 STREET ADDRESS STREET ADDRESS 868 MONOPLY CT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824 Addition TITLE Change ☐ Delete NAME ONEST, THEODORE NAME STREET ADDRESS STREET ADDRESS 872 MONOPOLY COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE STD NAME NAME BASFORD, KATHLEEN STREET ADDRESS STREET ADDRESS 864 MONOPOLY COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO F ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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

Daytime Phone #