

FILED
Jun 27, 2002 8:00 am
Secretary of State

05-30-2002 91600 017 ****61.25

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

N47561

1. Entity Name

Rio Pinar Lakes #4 Community Assn.

DO NOT WRITE IN THIS SPACE

95360

2. Principal Place of Business

444 W. New England Ave.

Suite, Apt. #, etc.

Suite B

City & State

Winter Park, FL

Zip

32789

Country

3. Mailing Address

444 W. New England Ave.

Suite, Apt. #, etc.

Suite B

City & State

Winter Park, FL

Zip

32789

Country

4. FEI Number

59-2958331

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jordan, Brett M.

Street Address (P.O. Box Number Is Not Acceptable)

444 W. New England Ave.

Suite B

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

Brett M. Jordan

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when remaining)

5/17/02

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPPD
Heaton, Lynn
7607 Cocohut Creek Ave.
Orlando, FL 32822TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPSTD
Hamilton, Angela
7805 Altavua Ave.
Orlando, FL 32822TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPVD
Rallison, John
7701 Altavua Ave
Orlando, FL 32822TITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
STREET ADDRESS
CITY- ST- ZIPTITLE
NAME
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CITY- ST- ZIPDO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

407 647-2522

Daytime Phone #

CR2E037B (12/01)