2003 NOT-FOR-PROFIT CORPORATION

FILED May 05, 2003 8:00 am § Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # **N47561** 05-05-2003 90378 035 ****61.25 RIO PINAR LAKES - UNIT 4 COMMUNITY ASSOCIATION. INC. Principal Place of Business Mailing Address 444 W NEW ENGLAND AVE 444 W NEW ENGLAND AVE STE B STE R WINTER PARK FL 32789 WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2958331 Not Applicable γ_{α} wter Country \$8.75 Additional 5. Certificate of Status Desired AzUFee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name-JORDAN, BRETT M Street Address (P.O. Box Number is Not Acceptable) 444 W NEW ENGLAND AVE STE B WINTER PARK FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PD Delete TITLE TITLE Change Addition Larkins, chris 7802, Altavan HEATON, LYNN NAME NAME 7607 COCONUT CREEK AVE STREET ADDRESS STREET ADDRESS Orlando, Fe 32822 CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change HAMILTON, ANGELA NAME NAME 7805 ALTAVAN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition RALLISON, JOHN Rallison, John NAME 7701 Altavan Ave Orlando, E 32822 STREET ADDRESS 7701 ALTAVAN AVE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITEE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

I hereby certify that the information supplied with this filing indicated on this report or supplemental report of the corporation or the receiver or trustee changed, or on an attachment with an a

Z8APRZUO3

does norqualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information account feyand that my signature shall have the same legal effect as if made under oath; that I am an officer or director kepute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

407 2773945