2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90030 002 ****61.25

DOCUMENT # N93000004718

1. Entity Name

SUNCREST UNIT 6 HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1633 E VINCE STREET. SUITE 207 KISSIMMEE FL 34744 US	1633 E VINE STREET SUITE 207 KISSIMMEE FL 34744-3705 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1633 E. Vine St.	1633 E. Vine St.
Suite, Apt. #, etc. Suite 110	Suite, Apt. #, etc. Suite 110
City & State Kissimmee FL	City & State Kissimmee FL
Zip 34744 Country USA	Zip 34744 Country USA

4. FEI Number 59-3247591 ☐ 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
ROGER DONLE 4125 OAKBERRY DRIVE ORLANDO FL 32817	Name Leland Management Inc Street Address (P.O. Box Number is Not Acceptable) 1633 E. Vine Street Suite 110 City Kissimmee FL Zip Code 34744

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 Melissa Meagher
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	D GIL, MR 4101 CHERRY OAK CIR. ORLANDO FL 32817	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LOW, IAN 10723 CHERRY OAK CIRCLE ORLANDO FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NGUGEN, TIM 10727 CHERRY OAK CIR. ORLANDO FL 32817	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MIKE MILLER 10742 CHERRY OAK DRIVE ORLANDO FL 32817	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD YOLK, ARTHUR 10801 CHERRY OAK CIR ORLANDO FL 32817	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ARTHUR VOLK 10801 CHERRY OAK CIR ORLANDO FL 32817	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DONNELY, PAM 10526 CHERRY OAK CIR. ORLANDO FL 32817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST JOSEPH PETRO 10719 CHERRY OAK CIRCLE ORLANDO FL 32817	☐ 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: Arthur J. Volk ARTHUR J. VOLK 4/17/00 407-678-0043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #