## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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## FILED May 30, 2003 8:00 am Secretary of State 04-25-2003 90211 026 \*\*\*\*61.25

NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825  TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825  TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO FL-32825  TITLE D ACEVEDO, CHRISTINA STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825  TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Nam	MENT # N93000 N WOODS HOMEOWNER'S A				04-25-2003	90211 026 *			
Surp. Apt. #, etc.  Cry & State  Cry & State  Country  Zip  Country  Zip  Country  Zip  Country  Sa. Verificate of Status Desired  8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  LELAND MANAGEMENT; NPC. 1638 E. Ville St. STE. 110  KISSBMMEE FI. 34744  City  City  FL  Zip Code  8. The above named cryft/plushmist this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I am lamislar with, and accept the oddgatery of registering agent.  SIGNATURE  FILE NOW: FEE IS \$61.25  8. Election Campalon Financing Trust Fund Contribution.  Signature Contribution.  Signature Contribution.  Title NOW: FEE IS \$61.25  8. Election Campalon Financing Trust Fund Contribution.  Signature Contrib	1633 E. VINE ST., STE. 110 KISSIMMEE FL 34744 US  2. Principal Place of Business		1633 E. VINE ST., STE. 110 Kissimmee Fl 34744		·	A ARRAPIAN BAS IS	4 (ALBE PIN PRI) APRI APRI APRI APRI APRI APRI APRI APRI			
City & State  City & State  City & State  City & State  A. FEI Number 59-3212175  Applied For Not Applied For			3. Mailing Address							
Election Camping   Election Camping   Election Campaign Finencing   State			Suite, Apt. #, etc.		· ·	CHECK HERE IF MAKING CHANGES				
S. Particular of Status Desired   \$9.5 A Additional Five Regulatorial Agent   \$1.00	City & State		City & State			4. FEI Number 50	4. FEI Number <b>59-3212175</b> Applied Fo			,
LELAND MANAGEMENT; INC.  1633 E. VINE ST., STE. 110  KISSIMMEE FI. 34744  City FL Zip Code  8. The above named onth journits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registerior agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registerior agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registerior agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registerior agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registerior agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registerior agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registerior agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registerior agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registerior agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registerior agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registerior agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of registerior agent, or both, in the State of Florida. I am familiar with, and accept the obliquations of Florida Department of State Plants of Florida Department of State P	Zip	Country	Zip	Coa	untry	5. Certificate of St	tatus Desired	\$8.75 Ad	ditional	7
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current	Registered Agent			7. Name and Add	ireas of New Regist	ered Agent		1
1833 E. VINE ST., STE. 110  KISSIMMEE FI. 34744  E. The above named onfolipulmits 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 state obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept state obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept state obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept state obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept state obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept state obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept state obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept state obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept state obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida. I am familiar with, and accept states of Florida Department of State accept states. I am familiar with, and accept states of Florida Department of State accept states. I am familiar with, and accept states of Florida Department of State accept states. I am familiar with, and accept states of Florida Department of State accept states. I am familiar with, and accept states of Florida Department of State accept states. I am familiar with, and accept states.					Name					
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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 onth; that I am an officer or director	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS	PD JUNKERMAN, JRENE 8750 FOLEY OR. ORLANDO FL 32825 SD BEALMAN, JOANN 8714 FOLEY DR. ORLANDO FL 32825 D ACEVEDO, CHRISTINA 8813 CLAIBORNE	Delete  Delete  Delete	TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE CITY TITLE NAME STRE CITY	E E E E E E E E E E E E E E E E E E E	san Zāffil	ili Drive	☐ Change ☐ Change ☐ Change	Addition  Addition	CR2E037 (10/02