2001 UNIFORM BUSINESS REPORT (UBR)

0011043

DOCUMENT # N94000000687

1. Entity Name

VILLAGE ON THE POND PHASE II COMMUNITY ASSOCIATI

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 26 PM 5:06

Principal Place of Business	Mailing Address
5835 MEMORIAL HWY SUITE 18 TAMPA FL 33615 US	P O BOX 353 LUTZ FL 33548-0353 US

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 01

2. Principal Place of Business	3. Mailing Address
21834 Mims Way	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lutz, FL	City & State
Zip: 33549 Country: Pasco	Zip Country

4. FEI Number 59-3232840 ☐ 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
AFI INC. 5835 MEMORIAL HWY, SUITE 18 STE. 830 TAMPA FL 33615	Name: Kay Fleming Street Address (P.O. Box Number is Not Acceptable): 21834 Mims Way City: Lutz FL Zip Code: 33549

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: Kay Fleming, KAY Fleming — 12-22-01

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 After September 12, 2001, min. will be $236.25	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	P/D LOOTENS, CHARLES 21742 MIMS WAY LUTZ FL 33549	☒ Delete	TITLE P/D / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Morris, Donald 21705 Mims Way Lutz, FL 33549 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D FLEMMING, KAY 21834 MIMS WAY LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Fleming, KAY ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD PARHAM, MYRIAM 21812 MIMS WAY LUTZ FL 33549	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200004765482--5 -01/10/02--01079--001 ****175.00 ****175.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200004765482--5 -01/10/02--01079--001 *****61.25 ****175.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200004765482--5 -01/10/02--01079--002 *****61.25 *****61.25

CR2E037 (5/01)

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: SIGNATURE REQUIRED 11/14/01 (813) 949-5785