

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002849

1. Entity Name

LAKE UNDERHILL PINES HOMEOWNERS ASSOCIATION, INC

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90066 038 ****61.25

Principal Place of Business 5300 SOUTH ORANGE AVENUE ORLANDO FL 32808	Mailing Address 5300 SOUTH ORANGE AVENUE ORLANDO FL 32809-3402
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 312 W. FIRST ST. Suite, Apt. #, etc. SUITE 404 City & State SANFORD, FL. Zip 32771 Country U.S.A.	3. Mailing Address P.O. Box 1747 Suite, Apt. #, etc. City & State SANFORD, FL. Zip 32772-1747 Country U.S.A.
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4. FEI Number 59-3423320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRENNAN, DAVID C
 201 EAST PINE STREET #1402
 ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name: ANGELIA GORDON PROPERTY MANAGEMENT
 Street Address (P.O. Box Number is Not Acceptable): 312 W. FIRST ST.
 SUITE 404
 City: SANFORD FL Zip Code: 32771

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: *Angelia Gordon* DATE: 2/24/2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: SMITH, W. ROGER STREET ADDRESS: 5300 S. ORANGE AVE. CITY-ST-ZIP: ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE: STD NAME: HARRELL, ROBERT S STREET ADDRESS: 5300 S. ORANGE AVE. CITY-ST-ZIP: ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE: D NAME: SMITH, PENNY P STREET ADDRESS: 5300 S. ORANGE AVENUE CITY-ST-ZIP: ORLANDO FL 32809	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PD NAME: VERDA, RAY STREET ADDRESS: 251 PINE ARBOR DRIVE CITY-ST-ZIP: ORI-FL 32800	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: UP/TREAS/D NAME: AUA ARMSTRONG STREET ADDRESS: 106 UNDERHILL LOOP CITY-ST-ZIP: ORI. FL 32800	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Angelia Gordon* DATE: 2-23-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)