

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90029 038 ****66.25

DOCUMENT # N96000003017

1. Entity Name

KAIETEUR PLACE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

**6238 KAIETEUR LANE
PRIVATE HOUSE
ORLANDO FL 32808**

Mailing Address

**6238 KAIETEUR LANE
PRIVATE HOUSE
ORLANDO FL 32808**

2. Principal Place of Business

6238 KAIETEUR LANE

3. Mailing Address

Suite, Apt. #, etc. **SAME**

Suite, Apt. #, etc.

PRIVATE HOUSE

City & State

ORLANDO FL

City & State

Zip

32808

Country **U.S.A**

ORANGE

Zip

Country

4. FEI Number **59-3329986**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**OMAR, ABDOOL W
6238 KAIETEUR LANE
ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name

Abdool W OMAR

Street Address (P.O. Box Number is Not Acceptable)

6238 KAIETEUR LANE

City

ORLANDO

FL

Zip Code

32808

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

Abdool W. Omar

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-16-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **GOPAL, BOWANI**
STREET ADDRESS **1439 PINE HILLS ROAD**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RAMRICH, DANRAJH**
STREET ADDRESS **9068 PINNACLE CIRCLE**
CITY-ST-ZIP **WINDEMERE FL 32786**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MUNIAN, FRANK**
STREET ADDRESS **4631 POWERS DRIVE**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **ABROOL, OMAR**
STREET ADDRESS **6238 KAIETEUR LN**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SINCH, GANGADNI**
STREET ADDRESS **6257 KAIETEUR LN**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **ALLY, PUNWANTEE**
STREET ADDRESS **6220 KAIETEUR LN**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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** *Abdool W. Omar*

CR2E037 (10/02)