

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2000 8:00 am
Secretary of State

06-27-2000 90002 016 ****61.25

DOCUMENT # N96000004040

1. Entity Name

DANIELS CROSSING HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4030 DIJON DR
 ORLANDO FL 32808
 US

4030 DIJON DR
 ORLANDO FL 32772-1747
 US

2. Principal Place of Business

3. Mailing Address

312 W. FIRST ST.

P.O. BOX 1747

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 404

City & State
 SANFORD, FL.

City & State
 SANFORD, FL.

4. FEI Number

59-3427943

Applied For

Not Applicable

Zip
 32772

Country
 USA

Zip
 32771-1747

Country
 USA

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

ANGELIA GORDON PROP MGMT
 4030 DIJON DR
 ORLANDO FL 32808

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
 32772

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

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	PTD	<input type="checkbox"/> Delete
NAME	HALLAUER, DAN R	
STREET ADDRESS	749 N. GARLAND AVE., STE. 104	
CITY-ST-ZIP	ORLANDO FL	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	HARRISON, RAYMOND D	
STREET ADDRESS	749 N. GARLAND AVE., STE. 104	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLCOMB, A K JR	
STREET ADDRESS	749 N. GARLAND AVE., STE. 104	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)