

2000 UNIFORM BUSINESS REPORT (UBR) *Amended*

DOCUMENT # NA6000004040
 1. Entity Name
 DANIELS CROSSING HOMEOWNERS' ASSOCIATION, INC.

FILED

00 SEP 12 AM 11:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

9/12/00 90148/025 \$10.25
 DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 4030 DIJON DR. 4030 DIJON DR.
 ORLANDO, FL 32808 ORLANDO, FL 32808
 US US

2. Principal Place of Business 3. Mailing Address
 4751 DISTRIBUTION CT. 4751 DISTRIBUTION CT.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 UNIT #10 UNIT #10
 City & State City & State
 ORLANDO, FL ORLANDO, FL

Zip Country Zip Country
 32822 US 32822 US

4. FEI Number Applied For
 59-3427943 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ANGELIA GORDON PROP MGMT
 1030 DIJON DR.
 ORLANDO, FL 32808

7. Name and Address of New Registered Agent
 Name DAN HALLAUER
 Street Address (P.O. Box Number is Not Acceptable) 4751 DISTRIBUTION CT.
 UNIT #10
 City ORLANDO FL Zip Code 32822

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 *Dan R Hallauer* DATE *8/6/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD HALLAUER, DAN R. 749 N. GARLAND AVE., STE. 104 ORLANDO, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD HARRISON, RAYMOND D. 749 N. GARLAND AVE., STE. 104 ORLANDO, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLCOMB, A K JR 749 N. GARLAND AVE., STE. 104 ORLANDO, FL <input checked="" 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD HORINE, KEVIN 4751 DISTRIBUTION CT., UNIT #10 ORLANDO, FL 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLEMENTS, DONALD 4751 DISTRIBUTION CT., UNIT #10 ORLANDO, FL 32822 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALLAUER, DAN R. 4751 DISTRIBUTION CT., UNIT #10 ORLANDO, FL 32822 <input checked="" type="checkbox"/> Change <input 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
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 *Dan R Hallauer* DAN R. HALLAUER, DIRECTOR *8/6/00 (407) 381-5516*

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