

FILED
May 28, 2002 8:00 am
Secretary of State

04-16-2002 90142 023 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NA160000004040
1. Entity Name
DANIELS CROSSING HOMEOWNERS' ASSOCIATION

DO NOT WRITE IN THIS SPACE

30839

2. Principal Place of Business
PO Box 770885
Suite, Apt. #, etc.

3. Mailing Address
PO Box 770885
Suite, Apt. #, etc.

City & State
WINTER GARDEN, FL.
Zip 34777 Country US

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WINTER GARDEN, FL.
Zip 34777 Country US

4. FEI Number
593427943

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name BIRD ACCOUNTING
Street Address (P.O. Box Number is Not Acceptable)
3016 OCOEE APOPKA ROAD
SUITE 5
City OCOEE FL Zip Code 34161

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 Wendy Byrd DATE 3-29-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-electing)

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1 Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT D
NAME ROD LOWELL
STREET ADDRESS 503 KARMA AVE
CITY-ST-ZIP WINTER GARDEN, FL, 34787

TITLE VICE PRESIDENT D
NAME MARLENE BENNER
STREET ADDRESS 1318 DANIELS COVE DR
CITY-ST-ZIP WINTER GARDEN, FL, 34787

TITLE TREASURER D
NAME MARY DOMINGUEZ
STREET ADDRESS 538 DARMONT AVE
CITY-ST-ZIP WINTER GARDEN, FL, 34787

TITLE SECRETARY D
NAME JOYCI EGGERT
STREET ADDRESS 550 KARMA AVE
CITY-ST-ZIP WINTER GARDEN FL 34787

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13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with an other like employer.

SIGNATURE: Rod Lowell DATE 4/3/2002 407-340-4107
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034B (12/01)