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

DOCUMENT # N9600005013

1. Entity Name

PAMALA OAKS PHASE II HOMEOWNERS' ASSOCIATION, IN



FILED Mar 19, 2003 8:00 am § Secretary of State

03-19-2003 90090 004 ****61.25

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Principal Plac	ce of Business		Mailing Address						
126 HOLLOWAY CT SANFORD FL 32771 US			126 HOLLOWAY CT SANFORD FL 32771 US						
						1 18811383 818 481	i n d irki nd iik ad iin er kii nd i	19 16 131 2 3111 23 111 2 3111 2	1 200 (6) (40)
2. Principal Place of Business			3. Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 57	-1059722		pplied For ot Applicable	
Zip Country			Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
1		11-1-1			Name			<u> </u>	
LAMBERT, LISA			<u>-</u>	Street Addre		rrett: Wa P.O. Box Number is N	ot Acceptable)	-	
109 HOLLOWAY CT				1		12 Holloway Court			
SANFORD FL 32771						-			**-
·					City	nford	ß	FL Zip Coo	I
8. The above	a named entity	submits this statement for	or the purpose of changing its	registered	office or registere	ed agent, or both, in t	he State of Florida. 1		
the obliga	tions of registe	ered agent.							-
	ואומ	un Ran	att				Maril	12 - 4	n -3
SIGNATURE	Signature, typed o	or printed name of registered agent	and title if applicable. (NOT	E: Registered Ag	gent signature required	when reinstating)	March 1	<i>9, 200</i>	<u> </u>
, gr									
FILE NOW: FEE IS \$61.25 9. Election Camp.					~ ~~	\$5.00 May Be		eck Payable	
			Trust Fund (Contribution.	. 🗀	Added to Fees	Florida Dep	partment of	State
10.		OFFICERS AND DI	DECTOR			DDITIONS (SUMMOS			
TITLE	VP	OFFICERS AND DI	<u></u>	11.	···		S TO OFFICERS AND		
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		FL 32771 ES, ANDRE	☐ Delete	CITY-ST-	ZIP			•	☐ Addition
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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:

Mar 15, 2003

407.321.1774