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FILED
Jul 09, 2002 8:00 am
Secretary of State
05-15-2002 90082 039 ****61.25

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

DOCUMENT # N97000001215 ✓

1. Entity Name

Susan's Landing Homeowners Assn

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address c/o Penn First Management Inc

Suite, Apt. #, etc. 1613 N. Dean Rd Ste 103

City & State Orlando FL

Zip 32817 | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3431792 | Applied For | Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name LARRY SUESSER PENN FIRST MANAGEMENT INC

Street Address (P.O. Box Number is Not Acceptable) 1613 N. DEAN Rd STE 103

City Orlando FL Zip Code 32817

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] 5/28/02

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

FEE IS $61.25 Initial or Amended UBR

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	President	D
NAME	LARRY MUZIA	
STREET ADDRESS	11230 Crooked River Ct.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	VICE PRESIDENT	D
NAME	FRITZ FEDELES	
STREET ADDRESS	11510 Grace's Way	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	SECRETARY	D
NAME	ROBERT BANKS	
STREET ADDRESS	11900 Graces Way	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	TREASURER	D
NAME	MICHELLE BODZIOCH	
STREET ADDRESS	12000 Grace's Way	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	DIRECTOR	D
NAME	JOANNE BALL	
STREET ADDRESS	11200 Crooked River Ct.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Laurence Muzia LAURENCE MUZIA 4.14.02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #