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

FILED
Feb 28, 2003 8:00 am
Secretary of State
02-28-2003 90160 040 ****61.25

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DOCUMENT # N97000001215

1. Entity Name
SUSAN'S LANDING HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~1195 EAST AVENUE~~ ~~CLERMONT FL 34711~~	PENN FIRST MANAGEMENT INC. 1813 N DEAN ROAD ~~SUITE 103~~ ORLANDO FL 32817

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
PENN FIRST MANAGEMENT, INC	
Suite, Apt. #, etc. 1813 N. DEAN RD SUITE 103	Suite, Apt. #, etc. SUITE 103
City & State ORLANDO, FL	City & State
Zip 32817	Country USA
Zip	Country USA

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

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
~~PENN FIRST MANAGEMENT, INC.~~ ~~LARRY WHEELER~~ ~~1813 N DEAN ROAD, SUITE 103~~ ~~ORLANDO FL 32817~~	Name PENN-FIRST Street Adi MANAGEMENT ,INC 1813 N. DEAN RD SUITE 103 ORLANDO FL 32817 City) Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Lawrence M. Sheeler President 2/26/03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MUZIA, LARRY 11230 CROOKED RIVER COURT CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FEDELER, FRITZ 11510 GRACE'S WAY CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARKUS, ROBERT 11900 GRACE'S WAY CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~RODZIOCH, MICHELLE~~ ~~12000 GRACE'S WAY~~ ~~CLERMONT FL 34711~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Rod Christian 11513 Grace's Way Clermont FL 34711	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALL, JOANNE 11200 CROOKED RIVER COURT CLERMONT FL 34711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: SIGNATURE REQUIRED Lawrence Muzia 02-20-03 35 EXT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR