

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003200

1. Entity Name

ENCLAVE OWNERS RENTAL COMMITTEE, INC.

Principal Place of Business

5482 CENTRAL FLORIDA PARKWAY  
ORLANDO FL 32821

Mailing Address

5482 CENTRAL FLORIDA PARKWAY  
ORLANDO FL 32821-8774

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3462330

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

BECKER & POLIAKOFF, P.A.  
500 WINDERLEY PLACE, SUITE 104  
MAITLAND FL 32751

Name EMERSON FINANCIAL CORP

Street Address (P.O. Box Number is Not Acceptable)

5482 CENTRAL FL PKWY.

City

ORLANDO

FL

Zip Code

32821

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, 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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DTS ☐ Delete  
NAME DEMKO, JOSEPH  
STREET ADDRESS 5482 CENTRAL FLORIDA PARKWAY  
CITY-ST-ZIP ORLANDO FL 32821

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DP ☐ Delete  
NAME DALTON, JAMES  
STREET ADDRESS 109 WATERFORD DRIVE  
CITY-ST-ZIP SOUTHLAKE TX 76092-2896

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KARNA, ANDREW  
STREET ADDRESS 9616 CONESTOGA WAY  
CITY-ST-ZIP POTOMAC MD 20854-4736

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME ROY, WILLIAM  
STREET ADDRESS 133 HOMER COURT  
CITY-ST-ZIP MCKEES ROCKS PA 11590

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 03, 2000 8:00 am  
Secretary of State

04-03-2000 90168 013 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)