

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

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90226 016 \*\*\*\*61.25

**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**

2. Principal Place of Business

**6300 PARE CORNICHE DR**

3. Mailing Address

**6300 PARE CORNICHE DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**ORLANDO FLORIDA**

City & State

**ORLANDO FLORIDA**

Zip

**32821**

Country

**USA**

Zip

**32821**

Country

**USA**



☐ CHECK HERE IF MAKING CHANGES

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

**EMERSON FINANCIAL CORP  
5482 CENTAL FL PKWY  
ORLANDO FL 32821**

7. Name and Address of New Registered Agent

Name **EMERSON FINANCIAL CORP**

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

**6300 PARE CORNICHE DR**

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

SIGNATURE

*Joseph Demko PRES*

*2/12/02*

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DTS DEMKO, JOSEPH 5482 CENTRAL FLORIDA PARKWAY ORLANDO FL 32821</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP DALTON, JAMES 109 WATERFORD DRIVE SOUTH LAKE TX 76092-2896</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KARNA, ANDREW 9616 CONESTOGA WAY POTOMAC MD 20854-4736</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Joseph Demko*

*2/12/02 4073872003*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING AGENT

CR2E037 (10/02)