2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 22, 2000 8:00 am Secretary of State DOCUMENT # N9700005242 1. Entity Name LAKE ROPER POINTE HOMEOWNERS' ASSOCIATION, INC. 08-22-2000 90001 043 ****61.25 Principal Place of Business Mailing Address 655 N WYMORE RD 655 N WYMORE RD WINTER PARK FL 32789 WINTER PARK FL 32789 RABBOATSS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country Country Zip \$8.75 Additional 5.-Certificate of Status Desired → T \ ☐ -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CYNTHIA DUNCANSON Street Address (P.O. Box Number is Not Acceptable) WILLS, CYNTHIA 655 N WYMORE RD WINTER PARK FL 32789 655 N WYMORE ROAD WINTER PARK, FL. 32789 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Delete TITLE ☐ Change TITLE REYNOLDS, RANDEE R NAME NAME STREET ADDRESS 655 N WYMORE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 STD ☐ Delete TITLE STD Change Addition TITLE WILLS, CYNTHIA NAME NAME DUNCANSON, CYNTHIA 655 N WYMORE RD STREET ADDRESS STREET ADDRESS 655 N WYMORE RD CITY-ST-ZIP WINTER PARK-FL-32789 CITY-ST-ZIP + WINTER PARK, FL 32789 ☐ Delete TITLE Change Addition TITLE SEAL, ROBERT C NAME NAME 655 N WYMORE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIE WINTER PARK FL 32789 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Colline Reynthia Duncanson, Director (407) 644-5000 8/16/2000 Daytime Phone #

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