

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000880

1. Entity Name

VISTA COVE OF ORLANDO HOMEOWNERS' ASSOCIATION, I

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90043 039 ****70.00

Principal Place of Business

Mailing Address

10139 VISTA COVE LN
ORLANDO FL 32825
US

10139 VISTA COVE LN
ORLANDO FL 32825-5539
US

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

59-3534045

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

~~MCGRUFF, ROY JR~~
~~10267 VISTA COVE LN~~
~~ORLANDO FL 32825~~

Name

Miguel Giro

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

10201 VISTA COVE LANE

City

ORLANDO

FL

Zip Code

32825

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

Miguel Giro, President X *[Signature]* 3/5/2000

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 PD ☒ Delete
NAME MCGRUFF, ROY JR
STREET ADDRESS 10267 VISTA COVE LN
CITY-ST-ZIP ORLANDO FL 32825

TITLE PD ☐ Change ☒ Addition
NAME MIGUEL GIRO
STREET ADDRESS 10201 VISTA COVE LANE
CITY-ST-ZIP ORLANDO, FL 32825

TITLE VD ☐ Delete
NAME MEGILL, NANCY
STREET ADDRESS 10249 VISTA COVE LN
CITY-ST-ZIP ORLANDO FL 32825

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

TITLE SD ☐ Delete
NAME MATTHEWS, PERLA
STREET ADDRESS 10103 VISTA COVE LN
CITY-ST-ZIP ORLANDO FL 32825

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

TITLE TD ☐ Delete
NAME ARENCIBIA, HOLLY
STREET ADDRESS 10139 VISTA COVE LN
CITY-ST-ZIP ORLANDO FL 32825

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] Holly Lee Arencibia 407-237-5179

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/5/2000 Daytime Phone #

CR2E037 (9/99)