

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91204 007 ****61.25

DOCUMENT # N98000000880

1. Entity Name
VISTA COVE OF ORLANDO HOMEOWNERS' ASSOCIATION, I NC.



Principal Place of Business
**135 W. PINE STREET
ALTAMONTE SPRINGS FL 32174
US**

Mailing Address
**135 W. PINE STREET
ALTAMONTE SPRINGS FL 32174
US**

2. Principal Place of Business
135 W. Pineview St.
Suite, Apt. #, etc.

3. Mailing Address
135 W. Pineview St.
Suite, Apt. #, etc.
ALTAMONTE SP

City & State
ALTAMONTE SPRINGS, FL

City & State
FL

4. FEI Number **59-3534045**

Applied For
Not Applicable

Zip **32714-2006** Country **US**

Zip **32714-2006** Country **US**

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

**PRESIDENTIAL GROUP SOUTH, INC.
135 W. PINE STREET
ALTAMONTE SPRINGS FL 32174**

Name

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

City

FL

Zip 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

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 **PD** ☐ Delete
NAME **LOPEZ, YIARILUZ**
STREET ADDRESS **10201 VISTA COVE LANE**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10127 VISTA COVE LANE**
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **RAMIREZ, ARLENE**
STREET ADDRESS **10133 VISTA COVE LANE**
CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE **TD** ☐ Delete
NAME **GIRO-SANTOS, MIGUEL**
STREET ADDRESS **10201 VISTA COVE LANE**
CITY-ST-ZIP **ORLANDO FL 32825**

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

TITLE **SD** ☐ Delete
NAME **PEREZ, ERIKA**
STREET ADDRESS **10115 VISTA COVE LANE**
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 REQUIRED

President

4/16/03

407 682-3355

CR2E037 (10/02)