Apr 28, 2003 8:00 am § Secretary of State

FILED

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

DOCUMENT # N98000001410

FAWN LAKE HOMEOWNERS ASSOCIATION, INC.



Mailing Address

Principal Place of Business 2180 W. SR 434, SUITE 5000

2180 W. SR 434, SUITE 5000 LONGWOOD FL 32779

LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3503669 Not Applicable 7in Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HART, JAMES W JR Street Address (P.O. Box Number is Not Acceptable) SENTRY MANAGEMENT INC. 2180 W SR 434, SUITE 5000 LONGWOOD FL 32779 City 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. DP TITLE Cian Cohen Point Drive ☐ Change Addition Delete BULLOCK, WILLIAM L NAME STREET ADDRESS 10210 HIGHLAND MANOR DRIVE #100 CITY-ST-ZIP TAMPA FL 33610

10. TITLE NAME STREET ADDRESS CITY-ST-ZIP X Delete DST TITLE TITLE ☐ Change XX Addition WAITERS SMOUSE, DARIN NAME NAME Staghoin 726 STREET ADDRESS 10210 HIGHLAND MANOR DRIVE #100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33610 AMOF TITLE N Delete X Addition TITLE FERNANDEZ, ALFONSO NAME NAME STREET ADDRESS STREET ADDRESS 10210 HIGHLAND MANOR DRIVE CITY-ST-ZIP CITY-ST-7IP TAMPA FL 33610 TITLE ☐ Delete TITLE -049D NAME NAME reek Drive STREET ADDRESS STREET ADDRESS 602 FAWN CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE HERMANN NAME NAME STREET ADDRESS STREET ADDRESS 13508 CITY-ST-7IP CITY-ST-7IP TITLE TITLE ☐ Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 attachme with an address, with all other like empowered.

SIGNATURE: