

DOCUMENT # N98000002023

Entity Name

FIELDSTREAM NORTH HOMEOWNERS ASSOCIATION, INC.

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90061 049 ****61.25

Principal Place of Business

444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789

Mailing Address

444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789

00000106

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3508548

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DAVIS, MARC
444 W NEW ENGLAND AVE
STE B
WINTER PARK FL 32789

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

LE AE STREET ADDRESS Y-ST-ZIP	DP KUHNEN, GEORGE H 346 FIELDSTREAM NORTH BLVD ORLANDO FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE AE STREET ADDRESS Y-ST-ZIP	ST BISHOP, ROB 10947 BROWN TROUT CIRCLE ORLANDO FL 32825 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Zoraida Andino 10714 Goldfish Circle Orlando, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
LE AE STREET ADDRESS Y-ST-ZIP	VD HARRILCHAK, DEBORAH M 304 FIELDSTREAM NORTH BLVD ORLANDO FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE AE STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Howard Slutsky 10972 Brown Trout Circle Orlando, FL 32825 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
LE AE STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
LE AE STREET ADDRESS Y-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: