


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

**FILED**  
**Sep 08, 2003 8:00 am**  
**Secretary of State**

09-08-2003 90136 019 \*\*\*\*61.25

0004617

<b>DOCUMENT #</b> N990000000064	
<b>1. Entity Name</b> VILLAS PARK LAKE CONDOMINIUM ASSOCIATION, INC.	

<b>Principal Place of Business</b> 1627 PARK LAKE STREET ORLANDO FL 32803	<b>Mailing Address</b> 1627 PARK LAKE STREET ORLANDO FL 32803
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<b>2. Principal Place of Business</b> 1627 Park Lake St	<b>3. Mailing Address</b> 1627 Park Lake St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b> Orlando, FL	<b>City &amp; State</b> Orlando, FL
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<b>Zip</b> 32803	<b>Country</b> U.S.	<b>Zip</b> 32803	<b>Country</b> U.S.
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☒ CHECK HERE IF MAKING CHANGES

<b>4. FEI Number</b> 59-3668961	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  MATEER & HARBERT, P.A. 225 E. ROBINSON ST., SUITE 600 ORLANDO FL 32802
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<b>7. Name and Address of New Registered Agent</b>  Name: NICOLE RUCCIO Street Address (P.O. Box Number is Not Acceptable): 1627 Park Lake St City: Orlando FL Zip Code: 32803
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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] DATE: 09/22/03  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**  
**After September 10, 2003, min will be \$236.25**

**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	
<b>TITLE</b> PD <b>NAME</b> MILLER, GABRIEL <b>STREET ADDRESS</b> 1627 PARK LAKE ST <b>CITY-ST-ZIP</b> ORLANDO FL 32803	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> STD <b>NAME</b> LOEWINGER, JOANNA <b>STREET ADDRESS</b> 1625 PARK LAKE STREET <b>CITY-ST-ZIP</b> ORLANDO FL 32803	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> D <b>NAME</b> FURKA, DIANE <b>STREET ADDRESS</b> 1621 PARK LAKE STREET <b>CITY-ST-ZIP</b> ORLANDO FL 32803	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> PD <b>NAME</b> NICOLE RUCCIO <b>STREET ADDRESS</b> 1627 Park Lake St <b>CITY-ST-ZIP</b> Orlando FL 32803	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> STD <b>NAME</b> DENISE ALVARO <b>STREET ADDRESS</b> 1625 Park Lake St <b>CITY-ST-ZIP</b> Orlando FL 32803	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE: 09/22/03 (407) 839-0120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)