2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Sep 14, 2001 8:00 am Secretary of State DOCUMENT # N9900000686 09-14-2001 90033 038 ****61.25 TUSCANY POINTE PHASE 1 HOMEOWNERS' ASSOCIATION, Principal Place of Business Mailing Address 1602 RIO COVE COURT 1602 RIO COVE COURT ORLANDO FL 32825 ORLANDO FL 32825 2. Principal Place of Business 3. Mailing Address 35 W <u>rineview</u> St Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State ALtamonte City & State 4. FE! Number Applied For 59-3554915 tamonte Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) RIVERO, CARLOS A 1602 RIO COVE COURT Pineview ORLANDO FL 32825 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. SIGNATURE ered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be \Box Trust Fund Contribution. After September 12, 2001, min, will be \$236,25 Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 SPD dose Bonilla TITLE Change Delete ☐ Addition RIVERO, CARLOS A NAME NAME 231 Tuscany Pointe Ave STREET ADDRESS 1602 RIO COVE COURT STREET ADDRESS Onlando, FL 32807 CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32825 TITLE UP Francisco Dalton TITLE Change 267 Tuscany Pointe Ave. RIVERO, MICHELLE NAME STREET ADDRESS 1602 RIO COVE COURT STREET ADDRESS Onlando- FL 32807-CITY-ST-ZIP-ORLANDO FL-32825 CITY-ST-ZIP-Devitt Harrison TITLE SEC TITLE ☐ Addition 150 Tuscany Pointe Ave ADAMS, NANCY NAME STREET ADDRESS 1602 RIO COVE COURT STREET ADDRESS Orlando, PL 32807 Mario Cordova 24 Vannact, CITY-ST-ZIP ORLANDO FL 32825 CITY-ST-ZIP Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Orlando, FL 32807 CITY-ST-ZIP CITY-ST-ZIP ectors at large Maria Colon Don Shoemaker Bruce Carter TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS 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.

FILED