

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90954 040 \*\*\*\*61.25

**DOCUMENT # N99000004160**  
1. Entity Name  
**SOUTH STAR SERVICE CENTER CONDOMINIUM ASSOCIATIO  
N, INC.**



Principal Place of Business  
**7802 KINGSPONTE PKWY  
105  
ORLANDO FL 32819  
US**

Mailing Address  
**7802 KINGSPONTE PKWY  
105  
ORLANDO FL 32819  
US**

2. Principal Place of Business  
**7802 KINGSPONTE PKWY**

3. Mailing Address  
**701 Box 690159**

Suite, Apt. #, etc.  
**208-A**

Suite, Apt. #, etc.

City & State  
**Orlando FL**

City & State  
**Orlando FL**

Zip  
**32819**

Country  
**USA**

Zip  
**32869**

Country  
**USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3588030**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**LOPES, CLAUBER  
7802 KINGSPONTE PKWY, SUITE 105  
ORLANDO FL 32819**

7. Name and Address of New Registered Agent  
Name **LOPES, CLAUER**  
Street Address (P.O. Box Number is Not Acceptable)  
**5512 Spring Run Ave**  
City **Orlando** FL Zip Code **32819**

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 \_\_\_\_\_ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD DUARTE, NORBERTOR 405 CAMELLIA ST CELEBRATION FL 34747</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LOPES, CLAUBER C 4840 CASON COVE DR APT 203 ORLANDO FL 32811</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD CARVALHO, ENIO 7810 KINGSPONTE PKWY ORLANDO FL 32819</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2SD SADEMBERG, LUIZ 7822 KINGSPONTE PKWY ORLANDO FL 32819</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>5512 Spring Run Ave Orlando FL 32819</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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)(l), 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: \_\_\_\_\_ **REQUIRE**

04/10/03

CR2E037 (10/02)