2000 UNIFORM BUSINESS REPORT (UBR)

5/17/00-90871-028-$70.00-$70.00

DOCUMENT# N99000005091

1. Entity Name

THE PRESERVE AT INTERLACHEN HOMEOWNERS' ASSOCIAT

FILED

00 JUN 22 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
503 INTERLACHEN AVE STE 2 WINTER PARK FL 32790	503 INTERLACHEN AVE STE 2 WINTER PARK FL 32789-3262

2. Principal Place of Business	3. Mailing Address
P.O. BOX 620	P.O. BOX 620
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER PARK, FL	City & State: WINTER PARK FL
Zip: 32790 Country: U.S.A.	Zip: 32790 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3608444 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FINANCIAL FOUNDATIONS, INC.
200 LAURA STREET
JACKSONVILLE FL 32201-0240

7. Name and Address of New Registered Agent

Name: ERIC ROSOFF INV. PROP, INC.

Street Address (P.O. Box Number is Not Acceptable): 503 N. INTERLACHEN AVE. #2

City: WINTER PARK FL Zip Code: 32789

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: Eric Rosoff / ERIC ROSOFF PRESIDENT 3/30/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25 $70.00 #3820

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ERIC ROSOFF P.O. BOX 620 WINT	☐ Delete	TITLE / NAME (D) / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT / DIRECTOR ERIC ROSOFF 503 N. INTERLACHEN AVE #2 WINTER PARK, FL 32789 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME (D) / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PETER ROSOFF 38 PLYMOUTH ROAD SUMMIT, NJ 07901 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME (D) / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR SUSAN ROSOFF 341 VIA SALERNO WINTER PARK, FL 32789 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TS ☐ Change ☐ Addition

CR2E037 (9/99)

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: ERIC ROSOFF REQUIRED 3/30/2000 407-647-4949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #