

2000 UNIFORM BUSINESS REPORT (UBR)

5)

DOCUMENT # N99000005106

FILED Jun 08, 2000 8:00 am Secretary of State

05-15-2000 90277 020 ****61.25

1. Entity Name PLYMOUTH LANDING HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 108 ROBIN RD. SUITE 2002 ALTAMONTE SPRINGS FL 32701

Mailing Address 108 ROBIN RD. SUITE 2002 ALTAMONTE SPRINGS FL 32701-5035

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3599487 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent OSWALD, KENNETH F 600 COURTLAND ST., SUITE-110 ORLANDO FL 32804

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$81.25

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

Table with 5 rows for Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox.

Table with 5 rows for Additions/Changes. Includes fields for Title, Name, Street Address, City-ST-ZIP, Change checkbox, and Addition checkbox.

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/26/00 Daytime Phone # 407-331-5900

CR2E037 (9/99)