

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000005106**

1. Entity Name

PLYMOUTH LANDING HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

**08 ROBIN RD, SUITE 2002
ALTAMONTE SPRINGS FL 32701**

Mailing Address

**108 ROBIN RD, SUITE 2002
ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**OSWALD, KENNETH F
600 COURTLAND ST, SUITE 110
ORLANDO FL 32804**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

0. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MILLER, WILLIAM R	108 ROBIN RD, SUITE 2002	ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/>

VD	OSWALD, KENNETH F	600 COURTLAND ST, SUITE 110	ORLANDO FL 32804	<input checked="" type="checkbox"/>
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STD	MILLER, DONNA G	108 ROBIN RD, SUITE 2002	ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/>
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VD	DeKLEVA SUSAN G	160 PALMETTO CRT	LONGWOOD, FL. 32779	<input type="checkbox"/>
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VD	CAMPBELL, JUSTIN T.	1061 DEKLEVA DR.	APOPKA, FL. 32712	<input type="checkbox"/>
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				<input type="checkbox"/>
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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2. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90153 026 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

1-31-02 (407) 331-5900