2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2000 8:00 am Secretary of State DOCUMENT # N99000006462 HEATHER GLEN AT MEADOW WOODS HOMEOWNERS' ASSOCIA 05-11-2000 90035 001 ***183.75 Principal Place of Business Mailing Address FAIRWAY WOODS BLVD 120 FAIRWAY WOODS BLVD ↑ FL 32824 ORLANDO FL 32824-9028 2. Principal Place of Business 3. Mailing Address F. VIPP Suite, Ant DO NOT WRITE IN THIS SPACE Suite, Apt. #. Pt Applied For City & State 4. FEI Number City & State Not Applicable Country Country \$8.75 Additional Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (PO Pour M. WEISENFELD, JOSEPH J 550 BILTMORE WAY, SUITE 1120 CORAL GABLES FL 33134 City 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) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (66/6)Change ■ Addition ☐ Delete TITLE O'HARA, CHARLES D NAME NAME STREET ADDRESS STREET ADDRESS 120 FAIRWAY WOODS BLVD CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32824 **∑ ∡ ∆** dition Delete Change TITLE VD. pandice H BRINGMAN, COLLEEN NAME NAME 120 Fa STREET ADDRESS 120 FAIRWAY WOODS BLVD STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32824 STD TITLE ☐ Addition ☐ Delete TITLE ERSKINE, CINDY L NAME NAME STREET ADDRESS STREET ADDRESS 120 FAIRWAY WOODS BLVD CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32824 ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITL F TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 in the corporation of 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 in the corporation of the receiver of the receiver of the receiver of the corporation of the receiver of the rec changed, or on an attachment with an addres her like empowered

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SIGNATURE

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