

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731013

1. Entity Name

THE ORMOND TERRACE ANNEX HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

263 GREENWOOD AVE  
ORMOND BEACH FL 32174

263 GREENWOOD AVE  
ORMOND BEACH FL 32174

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**  
**Jan 10, 2002 8:00 am**  
**Secretary of State**

01-10-2002 90011 015 \*\*\*\*61.25

901186



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1826355

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

Name

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

City

FL

Zip Code

JANSSEN, MARLENE R.  
263 GREENWOOD AVENUE  
ORMOND BEACH FL 32174

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 \$61.25

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

TITLE NAME ☐ Delete

STD  
JANSSEN, MARLENE R.  
263 GREENWOOD AVENUE  
ORMOND BCH FL

TITLE NAME ☒ Delete

PD  
GASSETT, RICHARD  
263 GREENWOOD AVE.  
ORMOND BCH FL

TITLE NAME ☐ Delete

VD  
WILDFONG, LLOYD  
491 ANDREWS STREET  
ORMOND BEACH FL

TITLE NAME ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition

PD  
CHAPELL, LEE A.  
270 WARWICK AVE.  
ORMOND BEACH, FLORIDA 32174

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: MARLENE JANSSEN

3866772675

DEC. 05, 2002

CR2E037 (9/01)