## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 13, 2002 8:00 am **DOCUMENT # 754660** Secretary of State 1. Entity Name CASSEL CREEK PROPERTY OWNERS' ASSOCIATION, INCOR 03-13-2002 90081 030 \*\*\*\*61.25 PORATED Principal Place of Business Mailing Address 2571 DERBYSHIRE CIR 2571 DERBYSHIRE CIR CASSELBERRY FL 32707-5650 CASSELBERRY FL 32707-5650 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State NOT APPLICABLE Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WHELLER, PEGGY S 2571 DERBYSHIRE CIR CASSELBERRY FL 32707-5650 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (9/01)∏ Change Addition PD Delete TITLE TITLE GROSS, STEVEN 2683 DERBYShine CIR IMO, KELLY NAME NAME **CR2E037** STREET ADDRESS 2575 DERBYSHIRE CIRCLE STREET ADDRESS CASSELBERRY FL 32707 CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 Change Addition TITLE Delete WARD, ANNETTE CUEVAS, JESSICA NAME NAME 1565 PERBYShire CIR STREET ADDRESS STREET ADDRESS 2581 DERBYSHIRE CIRCLE CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 Change ☐ Addition TITLE Delete TITLE MILLIGAN, UNDA NAME NAME STREET ADDRESS STREET ADDRESS 2543 DERBYSHIRE CIRCLE CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 ☐ Change ☐ Addition TD ☐ Delete TITLE TITLE WHEELER, PEGGY S NAME NAME STREET ADDRESS STREET ADDRESS 2571 DERBYSHIRE CIRCLE CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 Change ☐ Addition **BMD** Delete TITLE TITLE MACKEY, WM C NAME NAME 2595 DERBYSHIRE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CASSELBERRY FL 32707 Addition TT Change Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

**FILED**