## 2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

## Jan 29, 2002 8:00 am Secretary of State **DOCUMENT # N00297** 1. Entity Name CRESAP ARMS CONDOMINIUM ASSOCIATION, INC. 01-29-2002 90037 017 \*\*\*\*61.25 Principal Place of Business Mailing Address 3615 NW 51ST TERR 3615 NW 51ST TERR GAINESVILLE FL 32606 GAINESVILLE FL 32606 US 2. Principal Place of Business 3. Mailing Address 3615 NU 3615 NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2442003 Gainesville Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 32406 US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) LENHART, EUGENE E 3615 NW 51ST TERR **GAINESVILLE FL 32606** City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE XI: Delete TITLE CR2E037 (9/01 Eugene E. LENHART LUNHART, EUGENE NAME NAME 3615 NW 51ST ST TERR 3615 NW 51 Terrace STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32606 CITY-ST-ZIP FL 32606 Gairresville TITLE ☐ Delete TITLE ☐ Addition Change COUCH, RUPERT NAME STREET ADDRESS 8871 RUNNYMEAD RD STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition WEAVER, CHAD NAME NAME STREET ADDRESS 422 NW 15TH ST STREET ADDRESS CITY-ST-7IP Gainesville FL 32603 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition CAANGAY, JOY NAME NAME 434 NW 15TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32603 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition 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

FILED