

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90173 001 ****70.00

DOCUMENT # N00820

1. Entity Name
A.R.G. CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

851 MILES AVE. 851 MILES AVE.
 #30 #30
 WINTER PARK FL 32789 WINTER PARK FL 32789-4935
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. *C/O Janette Weatherford*
 Suite, Apt. #, etc. *PO Box 1263*

City & State City & State 4. FEI Number Applied For
Goldenrod FL *Goldenrod FL* **59-2578287** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32783-1263 *US* *32783-1263* *US*



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

DORAN, JENNIFER
 851 MILES AVE
 STE 30
 WINTER PARK FL 32789

Name *Linda Fisher*
 Street Address (P.O. Box Numbers Not Acceptable) *851 Miles Ave #15*
Winter Park FL 32789
 City *FL* 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 *Linda S. Fisher* DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<i>Laurie Dempsey D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RONNICK, ARLENE		NAME	<i>851 Miles Ave #28</i>	
STREET ADDRESS	851 MILES AVE #30		STREET ADDRESS	<i>Winter Park, FL 32789</i>	
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<i>Barbara Hawkins D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DORAN, JENNIFER		NAME	<i>851 Miles Ave #21</i>	
STREET ADDRESS	851 MILES AVE #23		STREET ADDRESS	<i>Winter Park, FL 32789</i>	
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<i>Tachner, Jennifer PD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TASNER, JENNIFER		NAME	<i>851 Miles Ave #27</i>	
STREET ADDRESS	851 MILES AVE #27		STREET ADDRESS	<i>Winter Park, FL 32789</i>	
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, LINDA		NAME		
STREET ADDRESS	851 MILES AVE #15		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERFORD, JANETTE		NAME		
STREET ADDRESS	851 MILES AVE #8		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32789		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Janette Weatherford* DATE: *4/24/00* DAYTIME PHONE #: *407-629-691*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)