

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90318 029 *****61.25

0000708

DOCUMENT # N11892

1. Entity Name

ALAUQA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

1766 ALAUQA DR
LONGWOOD FL 32779
US

Mailing Address

2180 WEST SR 434
STE 5000
LONGWOOD FL 32779

2. Principal Place of Business

2180 WEST SR 434

3. Mailing Address

Suite, Apt. #, etc.
SUITE 5000

Suite, Apt. #, etc.

City & State

LONGWOOD FL

City & State

Zip

32779-5044

Country

US

Zip

Country

4. FEI Number

59-2642611

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

00030673



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HART, JAMES W. JR
SENTRY MANAGEMENT INC
2180 WEST SR. 434 STE 5000
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

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

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

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	VD	<input checked="" type="checkbox"/> Delete
NAME	MARTYN, ROBERT W	
STREET ADDRESS	11 VICTORIA ST	
CITY-ST-ZIP	HAMILTON, BERMUDA	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DEGROOTE, MICHAEL JR	
STREET ADDRESS	1766 ALAUQA DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PEKARUK, JERRY	
STREET ADDRESS	1766 ALAUQA DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEGROOTE, GARY W	
STREET ADDRESS	1766 ALAUQA DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCHAK, FRED	
STREET ADDRESS	1766 ALAUQA DR	
CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-07-01

Date

407-4440155

Daytime Phone #

CR2E037 (10/00)