

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11892

1. Entity Name

ALAUQA PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044  
US

2180 WEST SR 434  
STE 5000  
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2642611

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME DEGROOTE, MICHAEL JR  
STREET ADDRESS 1766 ALAUQA DR  
CITY-ST-ZIP LONGWOOD FL

TITLE VD ☐ Change ☒ Addition  
NAME MARTYN, ROBERT  
STREET ADDRESS 11 VICTORIA ST  
CITY-ST-ZIP HAMILTON BERMUDA

TITLE STD ☐ Delete  
NAME PEKARUK, JERRY  
STREET ADDRESS 1766 ALAUQA DR  
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DEGROOTE, GARY W  
STREET ADDRESS 1766 ALAUQA DR  
CITY-ST-ZIP LONGWOOD FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 REQUIRED  
JERRY PEKARUK

3-25-12

Date

407-444-0155

Daytime Phone #

CR2E037 (9/01)