

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90116 048 \*\*\*\*\*61.25

0024915

**DOCUMENT # N37992**

1. Entity Name

~~CARLISLE CLUB ASSOCIATION INC.~~ CARLISLE CLUB HOMEOWNERS ASSOCIATION INC

Principal Place of Business

1701 LEE ROAD  
SUITE A  
WINTER PARK FL 32789

Mailing Address

1701 LEE ROAD  
SUITE A  
WINTER PARK FL 32789

2. Principal Place of Business

2180 WEST SR 434

3. Mailing Address

2180 WEST SR 434

Suite, Apt. #, etc.

SUITE 5000

Suite, Apt. #, etc.

SUITE 5000

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32779-5044

Country

US

Zip

32779-5044

Country

US

4. FEI Number

59-369761059-3027889

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GRANT, JOHN W.  
1701 LEE ROAD  
SUITE A  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name  
HART, JAMES W. JR  
Street Address (P.O. Box Number is Not Acceptable)  
SENTRY MANAGEMENT, INC  
2180 W SR 434 STE 5000  
City  
LONGWOOD FL Zip Code  
32779-5044

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>LEWIS, RICHARD<br>1892 COLE DRIVE<br>EAST MEADOW NY       | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>STEIN, EVAN<br>60 CYPRESS DR<br>STAMFORD CO              | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DV<br>GRANT, JOHN W.<br>1485 KETTLE DRUM TRAIL<br>ENTERPRISE FL | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                 | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                         |                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>David W. Magann<br>1474 Highland Ridge Circle<br>Brandon FL 33510                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>Angela Rhodes<br>1424 Highland Ridge Circle<br>Brandon FL 33510                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Georgia Burkhard DT<br>1459 Highland Ridge Circle<br>Brandon FL 33510                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br>Christine Johnson<br>1540 Highland Ridge Circle<br>Brandon FL 33510               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D/Member at Large<br>Joseph Desmarais<br>1536 Highland Ridge Circle<br>Brandon FL 33510 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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:

JOSEPH N-DESMARAIS 2-16-01-813-651-3055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)