

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 91176 038 \*\*\*\*61.25

0065903

**DOCUMENT # N50329**

1. Entity Name

**GLEN ABBEY WEST HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

~~534 S PINE MEADOW DR~~  
~~DEBARY FL 32713~~  
~~US~~

~~534 S PINE MEADOW DR~~  
~~DEBARY FL 32713~~  
~~US~~

**GLEN ABBEY WEST H.O.A.**

2. Principal Place of Business

**484 N. PINE MEADOW DR**  
 Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 530951**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**DEBARY, FL 32713**

City & State

**DEBARY, FL 32753-0951**

4. FEI Number

**65-0488287**

Applied For

Not Applicable

Zip  
**32713**

Country

Zip

**32753-0951**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~WITTERS, RICHARD~~  
~~534 S PINE MEADOW DRIVE~~  
~~DEBARY FL 32713~~

**RON MAY**  
**484 N. PINE MEADOW DR**  
**DEBARY, FL 32713**

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 *Ronald L. May* **RONALD L. MAY** *President*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**3-30-02**

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          | DP                       | <input checked="" type="checkbox"/> Delete |
| NAME           | KRETSCHMER, HANS         |  |
| STREET ADDRESS | 534 S PINE MEADOW DRIVE  |  |
| CITY-ST-ZIP    | DEBARY FL 32713          |  |
| TITLE          | DV                       | <input checked="" type="checkbox"/> Delete |
| NAME           | MAY, RON                 |  |
| STREET ADDRESS | 534 S PINE MEADOWS DRIVE |  |
| CITY-ST-ZIP    | DEBARY FL 32713          |  |
| TITLE          | DTS                      | <input checked="" type="checkbox"/> Delete |
| NAME           | WITTERS, RICHARD         |  |
| STREET ADDRESS | 534 S PINE MEADOW DRIVE  |  |
| CITY-ST-ZIP    | DEBARY FL 32713          |  |
| TITLE          |                          | <input type="checkbox"/> Delete            |
| NAME           |                          |  |
| STREET ADDRESS |                          |  |
| CITY-ST-ZIP    |                          |  |
| 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          | DP                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | RON MAY                 |  |
| STREET ADDRESS | 534 S. PINE MEADOW DR.  |  |
| CITY-ST-ZIP    | DEBARY, FL 32713        |  |
| TITLE          | DV                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | IRA HELMAN              |  |
| STREET ADDRESS | 208 ALEXANDRA WOODS DR. |  |
| CITY-ST-ZIP    | DEBARY, FLORIDA 32713   |  |
| TITLE          | DS                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | LYNDA KANE              |  |
| STREET ADDRESS | 498 N. PINE MEADOW DR   |  |
| CITY-ST-ZIP    | DEBARY, FL. 32713       |  |
| TITLE          | DS                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HANS KRATSCHEMER        |  |
| STREET ADDRESS | 569 S. PINE MEADOW DR   |  |
| CITY-ST-ZIP    | DEBARY, FL 32713        |  |
| 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: *Ronald L. May* **RONALD L. MAY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-30-02 407.491.3863**

CR2E037 (9/01)