

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-06-2003 90049 027 ****61.25

DOCUMENT # N50329

1. Entity Name

GLEN ABBEY WEST HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

~~484 N PINE MEADOW DR~~
~~DEBARY FL 32713~~
~~US~~

Mailing Address

P O BOX 530951
DEBARY FL 32753-0951
US

2. Principal Place of Business

3. Mailing Address

524 S. Pine Meadow Dr.

Suite, Apt. #, etc.

(Debary, FL 32713)

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0488287

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

~~MAY, RON~~
~~484 N PINE MEADOW DR~~
~~DEBARY FL 32713~~

Name HANS KRETSCHMERStreet Address (P.O. Box Number is Not Acceptable)
569 S. PINE MEADOW DR.City DEBARYFL 32713

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☒ Delete
NAME MAY, RON
STREET ADDRESS 534 S PINE MEADOW DRIVE
CITY-ST-ZIP DEBARY FL 32713

TITLE Charlene Helman/Pres. ☒ Change ☐ Addition
NAME 521 S. Pine Meadow Dr.
STREET ADDRESS Debary, FL 32713
CITY-ST-ZIP

TITLE DV ☐ Delete
NAME HELMAN, IRA
STREET ADDRESS 208 ALEXANDRA WOODS DR
CITY-ST-ZIP DEBARY FL 32713

TITLE Ira Helman/ VP ☐ Change ☐ Addition
NAME 208 Alexandra Woods Dr.
STREET ADDRESS Debary, FL 32713
CITY-ST-ZIP

TITLE DS ☒ Delete
NAME KANE, LYNDIA
STREET ADDRESS 498 N PINE MEADOW DR
CITY-ST-ZIP DEBARY FL 32713

TITLE Dona Burke/Secretary ☒ Change ☐ Addition
NAME 524 S. Pine Meadow Dr.
STREET ADDRESS Debary, FL 32713
CITY-ST-ZIP

TITLE DS ☐ Delete
NAME KRATSCHEMER, HANS
STREET ADDRESS 569 S PINE MEADOW DR
CITY-ST-ZIP DEBARY FL 32713

TITLE Hans Kretschmer/Treas. ☒ Change ☐ Addition
NAME 569 S. Pine Meadow Dr.
STREET ADDRESS Debary, FL 32713
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE John Tillia/ Director ☐ Change ☒ Addition
NAME 564 S. Pine Meadow Dr.
STREET ADDRESS Debary, FL 32713
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

HANS KRETSCHMER 2/3/03 386-668-6543
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)