

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000003648

1. Entity Name

CUTTER'S CORNER HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1975
APOPKA FL 32704
US

Mailing Address

P.O. BOX 1975
APOPKA FL 32704
US

2. Principal Place of Business

668 N. Orlando Ave

3. Mailing Address

668 N. Orlando Ave

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

Maitland, FL

City & State

Maitland, FL

Zip

32751

Country

USA

Zip

32751

Country

USA

6. Name and Address of Current Registered Agent

BLANKSON, VIRGINIA
1944 OLIVIA CIRCLE
APOPKA FL 32703

7. Name and Address of New Registered Agent

Name MORBITZER, MARGARET L.

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

668 N. Orlando Ave

Suite 105

City

Maitland

FL

Zip Code

32751

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

Margaret L. Morbitzer

MARGARET L. MORBITZER

4/17/01

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	PD	☒ Delete
NAME	BANKSON, VIRGINIA	
STREET ADDRESS	P.O. BOX 1975	
CITY-ST-ZIP	APOPKA FL 32704	
TITLE	VD	☒ Delete
NAME	BLASS, LEW	
STREET ADDRESS	P.O. BOX 1975	
CITY-ST-ZIP	APOPKA FL 32704	
TITLE	TD	☒ Delete
NAME	ASHWORTH, LINDA	
STREET ADDRESS	P.O. BOX 1975	
CITY-ST-ZIP	APOPKA FL 32704	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☐ Change ☒ Addition
NAME	Parker, Peter	
STREET ADDRESS	1823 Olivia Circle	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	VPD	☐ Change ☒ Addition
NAME	Gallimore, Mark	
STREET ADDRESS	1916 Olivia Circle	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	TD	☐ Change ☒ Addition
NAME	Porreca, Lou	
STREET ADDRESS	1892 Olivia Circle	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	SD	☐ Change ☒ Addition
NAME	Campbell, Tarsha	
STREET ADDRESS	1948 Olivia Circle	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE		☐ Change ☐ Addition
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:

Peter Parker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-01 (407) 814-7600
Date Daytime Phone

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-04-2001 90502 024 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)