2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 12, 2001 8:00 am s Secretary of State DOCUMENT # N9600000838 1. Entity Name CARDINAL GLEN HOMEOWNERS ASSOCIATION, INC. 03-12-2001 90456 013 ****61.25 Principal Place of Business Mailing Address P.O. BOX 950455 165 W SR 434 WINTER SPRINGS FL 32708 LAKE MARY FL 32795 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3431221 Not Applicable Zip \$8.75 Additional_ Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) EPM SERVICES, INC. 165 W SR 434 WINTER SPRINGS FL 32708 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. П **Department of State** Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DPST ☐ Change ▼ Addition Delete TITLE TITLE Mattews, DAVID 165 W SB 434 DALE, LARRY A NAME NAME STREET ADDRESS 165 W SR 434 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 Winter Springs FL 32708 D۷ Addition ■ Delete TITLE Change TITLE GOOD, MICHAEL Hansen, Bob NAME NAME 165 W SR 434 STREET ADDRESS STREET ADDRESS nter Springs FL32708 WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP **X** Addition Delete TITLE TITLE BRAdow, William 165 WSR 434 STEFFY, CHARLES NAME NAME 165 W SR 434 STREET ADDRESS STREET ADDRESS Winter Spaings FL 32708 CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI E ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the 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 attach ddress, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

Change

☐ Addition