

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90178 018 \*\*\*\*61.25

**DOCUMENT # N96000000838**

1. Entity Name

**CARDINAL GLEN HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

165 W SR 434  
 WINTER SPRINGS FL 32708

P.O. BOX 950455  
 LAKE MARY FL 32795

00029483



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Longwood FL

4. FEI Number

59-3431221

Applied For

Not Applicable

Zip

Country

Zip

Country

32791-5322 Seminole

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

EPM SERVICES, INC.  
 165 W SR 434  
 WINTER SPRINGS FL 32708

National Association Management Company  
 165 W SR 434  
 Winter Springs, FL 32708

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.

MARC A. Blum

(NOTE: Registered Agent signature required when reinstating)

1/22/2002

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	MATTHEW, DAVID	
STREET ADDRESS	165 W SR 434	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	George Broman	
STREET ADDRESS	165 W SR 434	
CITY-ST-ZIP	Winter Springs, FL 32708	

TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HANSEN, BOB	
STREET ADDRESS	165 W SR 434	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK Bankwitz	
STREET ADDRESS	165 W SR 434	
CITY-ST-ZIP	Winter Springs, FL 32708	

TITLE	DST	<input type="checkbox"/> Delete
NAME	BRADOW, WILLIAM	
STREET ADDRESS	164 W SR 434	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/2002

DATE

407-327-5824

Daytime Phone #

CP2E037 (9/01)