

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N96000006344**

1. Entity Name

WENTWORTH ESTATES HOMEOWNERS' ASSOCIATION, INC.**FILED****May 14, 2002 8:00 am**
Secretary of State

05-14-2002 90211 043 ****61.25

Principal Place of Business

Mailing Address

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044****2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-8483018

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W JR
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779-5044**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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 **DPST** ☐ Delete
NAME **GHANDOUR, AHMAD**
STREET ADDRESS **501 N. ORLANDO AVE., STE. 233**
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☒ Delete
NAME **GHANDOUR, MONA**
STREET ADDRESS **501 N. ORLANDO AVE., STE. 233**
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE **VD** ☐ Change ☒ Addition
NAME **HERRON, LANNY**
STREET ADDRESS **2960 ASHTON TER**
CITY-ST-ZIP **OVIEDO FL 32765**TITLE **D** ☒ Delete
NAME **GHANDOUR, NABIL**
STREET ADDRESS **501 N. ORLANDO AVE., STE. 233**
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE **SD** ☐ Change ☒ Addition
NAME **JANISHEFSKI, JERRY**
STREET ADDRESS **2912 ASHTON TER**
CITY-ST-ZIP **OVIEDO FL 32765**TITLE **D** ☒ Delete
NAME **STEPHAN, REINHARD G**
STREET ADDRESS **2699 LEE RD., STE. 540**
CITY-ST-ZIP **WINTER PARK FL 32789**TITLE **TD** ☐ Change ☒ Addition
NAME **PASTRANA, MAGDA**
STREET ADDRESS **2925 ASHTON TER**
CITY-ST-ZIP **OVIEDO FL 32765**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Change ☒ Addition
NAME **WINTERS, THOMAS**
STREET ADDRESS **2889 ASHTON TER**
CITY-ST-ZIP **OVIEDO FL 32765**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/02
Date**407 366-5767**
Daytime Phone #

CR2E037 (9/01)