

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002516

1. Entity Name

CHERRYWOOD ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

125 N.E. FIRST AVENUE, STE 1
OCALA FL 34470

Mailing Address

125 N.E. FIRST AVENUE, STE 1
OCALA FL 34470

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

59-2714148

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

HAINES, TIM D

125 N.E. FIRST AVENUE, STE 1
OCALA FL 34470

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 \$61.25

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 PD
NAME DELAURENTIS, ALBERT F
STREET ADDRESS 6239 S.W. 98TH LOOP
CITY-ST-ZIP Ocala FL 34476 ☒ Delete

TITLE PD
NAME AUGIE LOEHLEIN
STREET ADDRESS 9833 SW 61ST COURT
CITY-ST-ZIP Ocala, FL 34476 ☐ Change ☒ Addition

TITLE SD
NAME PILLADO, JOE
STREET ADDRESS 10031 S.W. 62ND COURT
CITY-ST-ZIP Ocala FL 34476 ☒ Delete

TITLE SD
NAME AL DELAURENTIS
STREET ADDRESS 6239 SW 98TH LOOP
CITY-ST-ZIP Ocala, FL 34476 ☐ Change ☒ Addition

TITLE TD
NAME SPANGENBERG, WILLIAM
STREET ADDRESS 6178 S.W. 100TH LOOP
CITY-ST-ZIP Ocala FL 34476 ☒ Delete

TITLE TD
NAME JOE DEMBOSKI
STREET ADDRESS 9989 SW 59TH CIRCLE
CITY-ST-ZIP Ocala, FL 34476 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

4-29-02 352-291-2510



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)