

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001567

1. Entity Name

METROWEST UNIT FIVE HOMEOWNERS' ASSOCIATION, INC

Principal Place of Business

Mailing Address

2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779-5044
US

2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779
US

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

59-3247584

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. J
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

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 ☐ Delete
NAME STOKES, KEN
STREET ADDRESS 7706 BARDMOOR HILL CIR
CITY-ST-ZIP ORLANDO FL 32835

TITLE VD ☐ Change ☒ Addition
NAME TANNER, MICHELLE
STREET ADDRESS 7922 ST. ANDREWS CIR.
CITY-ST-ZIP ORLANDO, FL. 32835

TITLE TD ☒ Delete
NAME MILLER, MICKEY
STREET ADDRESS 1784 ABBOTS HILL DR
CITY-ST-ZIP ORLANDO FL 32835

TITLE TD ☐ Change ☒ Addition
NAME KLEIN, GLENN
STREET ADDRESS 1939 WESTPOINTE CIR.
CITY-ST-ZIP ORLANDO, FL. 32835

TITLE SD ☐ Delete
NAME OTT, SHELLY
STREET ADDRESS 8016 ST ANDREWS CIR
CITY-ST-ZIP ORLANDO FL 32835

TITLE D ☐ Change ☒ Addition
NAME HOBBS, ERIC
STREET ADDRESS 7691 WESTPOINTE CIR.
CITY-ST-ZIP ORLANDO, FL. 32835

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

Kenneth J. Stokes
KENNETH J. STOKES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)