

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29145

1. Entity Name

COUNTRY ADDRESS COMMUNITY ASSOCIATION, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90018 013 ****61.25

012400



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

980 MONTGOMERY ROAD
APT #3
ALTAMONTE SPRINGS FL 32714
US

PO BOX 160580
ALTAMONTE SPRINGS FL 32716-0580
US

2. Principal Place of Business

2627 West State Road 434

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Longwood, FL

City & State

4. FEI Number
59-2871531

Applied For
Not Applicable

Zip
32779

Country
US

Zip

Country

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

KANAGA, MERIDYTHE
~~980 MONTGOMERY ROAD~~
~~#3~~
~~ALTAMONTE SPRINGS FL 32714~~

Name
Meridythe Kanaga
Street Address (P.O. Box Number is Not Acceptable)
2627 West State Road 434
City
Longwood FL Zip Code
32779

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:
FEES 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENNIS, STEPHEN 1978 MARTINA ST APOPKA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILMORE, LOUIS G. 1942 MARTINA ST APOPKA FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TAYLOR, DANIEL 1962 TINDARO DR APOPKA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLYNN, GREGG 1979 MARTINA ST APOPKA FL 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GRALEY, DON 1973 MARTINA ST APOPKA FL 32703	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Colon, Nirma 1347 Contreau Court Apopka, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Spector, Joel 1372 Contreau Court Apopka, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Stephen Dennis* Stephen Dennis, Pres. 2/11/00 407/862-2292 ext.13

CR2E037 (9/99)