

FILED
Apr 25, 2000 8:00 am
Secretary of State

01-21-2000 90094 032 ****70.00

DOCUMENT # N97000000360

1. Entity Name

CHELTENHAM HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10032 TIKIMBER LN
ORLANDO FL 32825

10032 TIKIMBER LN
ORLANDO FL 32825-5976

2. Principal Place of Business

3. Mailing Address

P.O. Box 678824
Suite, Apt. #, etc.

P.O. Box 678824
Suite, Apt. #, etc.

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip

Country

Zip

Country

32867

USA

32867

USA

4. FEI Number

Applied For

59-3438763

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DONALDSON, CAROL
10072 TIKIMBER LN
ORLANDO FL 32825

Name
YESENIA CAMACHO
Street Address (P.O. Box Number is Not Acceptable)
10207 Rondell Ct
ORLANDO
City
FL
Zip Code
32825

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

YESENIA CAMACHO, PRESIDENT

01-11-00

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.

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\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD DONALDSON, CAROL 10032 TIKIMBER LN ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PRATT, DAVID 10037 TIKIMBER LN ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD CAMACHO, YESENIA 10207 RONDELL CT ORLANDO FL 32825	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT YESENIA CAMACHO 10207 Rondell Ct ORLANDO, FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT JOSHUA O'BORN 10201 Rondell Ct ORLANDO, FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY ELBA MARTINEZ 10217 Rondell Ct ORLANDO FL 32825	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SHEILA LOPEZ 10133 TIKIMBER LN ORLANDO, FL 32825	<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

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

01-11-00

Daytime Phone #

(407) 249-5704

CR2E037 (9/99)