

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90033 004 ****61.25

DOCUMENT # 749708

1. Entity Name

CHANNING VILLAS HOMEOWNERS ASSOC., INC.

Principal Place of Business

C/O CMD MANAGEMENT
 3082 JOG ROAD
 LAKE WORTH FL 33467
 US

Mailing Address

C/O CMD MANAGEMENT
 3082 JOG ROAD
 LAKE WORTH FL 33467
 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

59-1950581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROSENTHAL, DAVID
 C/O CMD MANAGEMENT
 3082 JOG ROAD
 LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name **Michael Nelson**
 Street Address (P.O. Box Number is Not Acceptable)
976 DISTINCTIVE HOMES
13765 W. Forest Hill Blvd. # 1302
 City **Wellington** FL Zip Code **33414**

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 **MICHAEL NELSON**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/24/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	TD	<input type="checkbox"/> Delete
NAME	FASCIANI, LOTTIE	
STREET ADDRESS	11986 SUELLEN CIR	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	FD	<input checked="" type="checkbox"/> Delete
NAME	HUGHES, KAREN	
STREET ADDRESS	12066 SUELLEN CIR	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINGER, GERI	
STREET ADDRESS	11942 SUELLEN CIR	
CITY-ST-ZIP	WEST PALM BCH FL 33414	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	URETSKY, LAURA	
STREET ADDRESS	11870 SUELLEN CIR	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LOOMIS, GEORGE	
STREET ADDRESS	12016 SUELLEN CIR	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARD, VICKI	
STREET ADDRESS	12027 SUELLEN CIR	
CITY-ST-ZIP	WEST PALM BEACH FL 33414	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEIL STIDHAM	
STREET ADDRESS	12056 SUELLEN CIR	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL NEVIN	
STREET ADDRESS	11885 SUELLEN CIR	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENNIS GORGA	
STREET ADDRESS	12043 SUELLEN CIR	
CITY-ST-ZIP	Wellington, FL 33414	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKI WARD	
STREET ADDRESS	12027 SUELLEN CIR	
CITY-ST-ZIP	Wellington, FL 33414	

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:

WILLIAM WARD

7-26-00 793-7266