

DOCUMENT # N08246

1. Entity Name
3485 PLACE CONDOMINIUM ASSOCIATION, INC.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90042 010 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1969 CORPORATE SQUARE DR. **P.O. BOX 521728**
LONGWOOD FL 32750 **LONGWOOD FL 32752-1728**
US **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 Applied For
59-2712742 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CHAMBERS, JACQUELINE J.
4101 LAKE MIRA DRIVE
ORLANDO FL 32817

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	PD <input type="checkbox"/> Delete
NAME	JORGENSEN, PHILIP D.
STREET ADDRESS	128 PARSONS ROAD
CITY-ST-ZIP	LONGWOOD FL
TITLE	D <input checked="" type="checkbox"/> Delete <i>deceased</i>
NAME	CANADA, HENRY C.
STREET ADDRESS	178 BALFOUR DRIVE
CITY-ST-ZIP	WINTER PARK FL
TITLE	STD <input type="checkbox"/> Delete
NAME	CHAMBERS, JACQUELINE J.
STREET ADDRESS	4101 LAKE MIRA DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	D <input type="checkbox"/> Delete
NAME	CHAMBERS JR., WARREN C.
STREET ADDRESS	4101 LAKE MIRA DRIVE
CITY-ST-ZIP	ORLANDO FL
TITLE	VP <input type="checkbox"/> Delete
NAME	MALLARD, CATHLEEN E
STREET ADDRESS	3485 SO. ATLANTIC AVENUE, 2S
CITY-ST-ZIP	COCOA BEACH FL
TITLE	D <input type="checkbox"/> Delete
NAME	JARNAGIN, PAT
STREET ADDRESS	11632 NW 142ND AVENUE
CITY-ST-ZIP	POLK CITY IO

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jacqueline Chambers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/01 407-831-6225
Date Daytime Phone #

