

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

Principal Place of Business	Mailing Address
1969 CORPORATE SQUARE DR. LONGWOOD FL 32750 US	P.O. BOX 521728 LONGWOOD FL 32752-1728 US



DO NOT WRITE IN THIS SPACE

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	59-2712742	Applied For
		Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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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
NAME	CANADA, HENRY C. <i>deceased</i>
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
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
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: *[Signature]* **NOT REQUIRED** 1/4/01 407-831-6225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)