

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90030 005 ****61.25

DOCUMENT # N97000000360

1. Entity Name
CHELTENHAM HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 PO BOX 678824 PO BOX 678824
 ORLANDO FL 32867 ORLANDO FL 32867
 US US

708396



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3438763		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LAWRENCE M SHEELER, AGENT-PENN FIRST MGMNT 453 MARK TWAIN BLVD ORLANDO, FL 32828				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMACHO, YESENIA			NAME	OLBORN, JOSHUA		
STREET ADDRESS	10207 RONDELL CT			STREET ADDRESS	10201 RONDELL CT		
CITY-ST-ZIP	ORLANDO FL 32825			CITY-ST-ZIP	ORLANDO, FL 32825		
TITLE	VPD	<input checked="" type="checkbox"/> Delete		TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'BORN, JOSHUA			NAME	HEITMAN, JEAN		
STREET ADDRESS	10201 RONDELL CT			STREET ADDRESS	501 POINTE ALLYSON WAY		
CITY-ST-ZIP	ORLANDO FL 32825			CITY-ST-ZIP	ORLANDO, FL 32825		
TITLE	ST	<input checked="" type="checkbox"/> Delete		TITLE	TREASURER/SECRETARY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MARTINEZ, ELBA			NAME	BUENTE, JERRY		
STREET ADDRESS	10217 RONDELL CT			STREET ADDRESS	502 POINTE ALLYSON WAY		
CITY-ST-ZIP	ORLANDO FL 32825			CITY-ST-ZIP	ORLANDO, FL 32825		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	MEMBER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOPEZ, SHEILA			NAME	KREMPOSTY, BRIAN		
STREET ADDRESS	10133 TIKIMBER LN			STREET ADDRESS	440 POINTE ALLYSON WAY		
CITY-ST-ZIP	ORLANDO FL 32825			CITY-ST-ZIP	ORLANDO, FL 32825		
TITLE		<input type="checkbox"/> Delete		TITLE	MEMBER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME	ELLIOT, LARRY		
STREET ADDRESS				STREET ADDRESS	513 POINTE ALLYSON WAY		
CITY-ST-ZIP				CITY-ST-ZIP	ORLANDO, FL 32825		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: Special Title Required Date: 1-25-01 Daytime Phone #: (407) 277-5979

03/7844 CR2E037 (10/00)