

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91221 047 ****61.25

DOCUMENT # N02766

1. Entity Name

CHANCELLORS ROW HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**2620 GRADUATE COURT
 ORLANDO FL 32826**

Mailing Address

**2620 GRADUATE COURT
 ORLANDO FL 32826**

551404



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2457309

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, CARLA
 254 STILLWATER DR
 OVIEDO FL 32765**

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

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. ☐

\$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 **DP** ☒ Delete
 NAME **BELL, GENE**
 STREET ADDRESS **2616 LASER CT**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **VP, D** ☐ Change ☒ Addition
 NAME **Boris Nguyen**
 STREET ADDRESS **2631 Laser Ct**
 CITY-ST-ZIP **Orlando FL 32826**

TITLE **DVP** ☐ Delete
 NAME **SHAW, MARTHA**
 STREET ADDRESS **2660 GRADUATE CT**
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **P, D** ☒ Change ☐ Addition
 NAME **Matha Shaw**
 STREET ADDRESS **2660 Graduate Ct.**
 CITY-ST-ZIP **Orlando FL 32826**

TITLE **TSD** ☐ Delete
 NAME **SIERRA, OLGA**
 STREET ADDRESS **2659 LASER CT**
 CITY-ST-ZIP **ORLANDO FL 32820**

TITLE **D** ☒ Change ☐ Addition
 NAME **Olga Sierra**
 STREET ADDRESS **2659 Laser Ct**
 CITY-ST-ZIP **Orlando FL 32826**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
 NAME **Christine Brady**
 STREET ADDRESS **2709 Graduate Ct**
 CITY-ST-ZIP **Orlando FL 32826**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T/S D** ☐ Change ☒ Addition
 NAME **Christopher Whyland**
 STREET ADDRESS **2710 Graduate Ct**
 CITY-ST-ZIP **Orlando FL 32826**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **MARTHA LYNN SHAW** 4/28/01 407-277-4298

CR2E037 (10/00)