

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08246

1. Entity Name

3485 PLACE CONDOMINIUM ASSOCIATION, INC.

FILED

Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90053 024 ****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

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 ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 PD
NAME JORGENSEN, PHILIP D.
STREET ADDRESS 128 PARSONS ROAD
CITY-ST-ZIP LONGWOOD FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME CHAMBERS, JACQUELINE J.
STREET ADDRESS 4101 LAKE MIRA DRIVE
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME CHAMBERS JR., WARREN C.
STREET ADDRESS 4101 LAKE MIRA DRIVE
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME MALLARD, CATHLEEN E
STREET ADDRESS 3485 SO. ATLANTIC AVENUE, 2S
CITY-ST-ZIP COCOA BEACH FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME JARNAGIN, PAT
STREET ADDRESS 11632 NW 142ND AVENUE
CITY-ST-ZIP POLK CITY IO ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Jacqueline J. Chambers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1

Date

Daytime Phone #

CR2E037 (9/01)