

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 28, 2002 8:00 am**  
**Secretary of State**

02-28-2002 90053 024 \*\*\*\*61.25

**DOCUMENT # N08246**

1. Entity Name

**3485 PLACE CONDOMINIUM ASSOCIATION, INC.**

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>JORGENSEN, PHILIP D.</b>	
STREET ADDRESS	<b>128 PARSONS ROAD</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>CHAMBERS, JACQUELINE J.</b>	
STREET ADDRESS	<b>4101 LAKE MIRA DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHAMBERS JR., WARREN C.</b>	
STREET ADDRESS	<b>4101 LAKE MIRA DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>MALLARD, CATHLEEN E</b>	
STREET ADDRESS	<b>3485 SO. ATLANTIC AVENUE, 2S</b>	
CITY-ST-ZIP	<b>COCOA BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JARNAGIN, PAT</b>	
STREET ADDRESS	<b>11632 NW 142ND AVENUE</b>	
CITY-ST-ZIP	<b>POLK CITY IO</b>	
TITLE		<input type="checkbox"/> Delete
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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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 J. Chambers*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Jacqueline J. Chambers** 2/15/02 407-831-6275  
 DATE Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE