

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90143 003 ****61.25

DOCUMENT # NO1000001399

1. Entity Name

ORCHARD PARK PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**242 NORTH WESTMONTE DRIVE
 ALTAMONTE SPRINGS FL 32714**

~~**242 NORTH WESTMONTE DRIVE
 ALTAMONTE SPRINGS FL 32714**~~

2. Principal Place of Business

3. Mailing Address

c/o Mid-Florida Mgmt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5025 S. U.S. Hwy. 17-92

City & State

Casselberry FL

4. FEI Number

59-3705844

Applied For

Not Applicable

Zip

Country

32707

USA

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

~~**STEAKLEY, JERRY
 242 NORTH WESTMONTE DRIVE
 ALTAMONTE SPRINGS FL 32714**~~

Name **Spare, William C., Comm. Assn. Mgr.**

Street Address (P.O. Box Number is Not Acceptable)
c/o Mid-Florida Mgmt.

5025 South U.S. Hwy. 17-92

City **Casselberry FL 32707**

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]

**William C. Spare
 Community Association Manager**

02/25/02

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 **D** ☒ Delete
 NAME **OROSZ, WILLIAM S JR**
 STREET ADDRESS **242 NORTH WESTMONTE DRIVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **VD** ☐ Change ☒ Addition
 NAME **Paris, Jason P.**
 STREET ADDRESS **242 North Westmonte Drive**
 CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE **D** ☐ Delete
 NAME **SANDERS, KYLE A**
 STREET ADDRESS **242 NORTH WESTMONTE DRIVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **PTD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **STEAKLEY, JERRY**
 STREET ADDRESS **242 NORTH WESTMONTE DRIVE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **SD** ☐ Change ☒ Addition
 NAME **Lynch, Pamela K.**
 STREET ADDRESS **242 North Westmonte Drive**
 CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela K. Lynch

Date

2/28/02 (407) 865-9600

Daytime Phone #

CR2E037 (9/01)