

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-13-2002 90143 004 ****61.25

DOCUMENT # N98000002762

1. Entity Name

TANNER ROAD PHASES 1 AND 2 PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

**5025 SOUTH HWY 17-92
CASSELBERRY FL 32718
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

59-3556325

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

~~OROSZ, WILLIAM S JR~~

~~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 Prop. 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

William C. Spare

Community Association Manager

02/25/2002

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

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

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

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

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

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)

2/28/02 (407) 865-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)