NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
04-02-2002 90858 025 ****61.25

DOCUMENT # N97000000360

1. Entity Name
Cheltenham Homeowners Association, Inc.

DO NOT WRITE IN THIS SPACE

B0057226

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o Penn First Management, Inc	c/o Penn First Management, Inc.
Suite, Apt. #, etc. 1813 N. Dean Rd., Suite 103	Suite, Apt. #, etc. 1813 N. Dean Rd., Suite 103
City & State Orlando, FL	City & State Orlando, FL
Zip 32817 Country USA	Zip 32817 Country USA

4. FEI Number 59-3438763 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lawrence M. Sheeler

Street Address (P.O. Box Number is Not Acceptable)
c/o Penn First Management, Inc.
1813 N. Dean Rd., Suite 103

City Orlando FL Zip Code 32817

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

FEE IS $61.25
Initial or Amended UBR

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

TITLE	PD	TITLE	
NAME	Joshua O'Born	NAME	
STREET ADDRESS	10201 Rondell Court	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32825	CITY-ST-ZIP	
TITLE	VPD	TITLE	
NAME	Chris Valentin	NAME	
STREET ADDRESS	418 Point Allyson Way	STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32825	CITY-ST-ZIP	
TITLE	S/T D	TITLE	
NAME	Jerry Burke	NAME	
STREET ADDRESS	502 Point Allyson Way	STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP	Orlando, FL 32825	CITY-ST-ZIP	
TITLE		TITLE	IN THIS SPACE
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Joshua O'Born Joshua O'Born 3-19-02 407-277-5979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #