

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90113 044 \*\*\*\*70.00

**DOCUMENT # N00820**

1. Entity Name

**A.R.G. CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

851 MILES AVE.  
 #30  
 WINTER PARK FL 32789  
 US

C/O JANETTE WEAATHERFORD  
 PO BOX 1263  
 GOLDENROD FL 32733-1263  
 US

2. Principal Place of Business

3. Mailing Address

851 Miles Ave #30

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
 Winter Park FL

Zip

Country

Zip  
 32789

Country  
 USA

4. FEI Number

59-2578287

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

FISHER, LINDA  
 851 MILES AVE # 15  
 WINTER PARK FL 32789

Name  
 Jennifer Tachner

Street Address (P.O. Box Number is Not Acceptable)  
 851 miles Ave. #27

City  
 Winter Park FL Zip Code  
 32789

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 (Applicable)  
 LINDA S. FISHER, SECRETARY

(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

TITLE **D** ☐ Delete  
 NAME **BARLEY, MARGARET**  
 STREET ADDRESS **851 MILES AVENUE #1**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **D** ☒ Delete  
 NAME **HAWKINS, BARBARA**  
 STREET ADDRESS **851 MILES AVENUE #21**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **DP** ☒ Delete  
 NAME **TAGNER, JENNIFER Tachner, Jennifer**  
 STREET ADDRESS **851 MILES AVE #27**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **SD** ☐ Delete  
 NAME **FISHER, LINDA**  
 STREET ADDRESS **851 MILES AVE #15**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE **DT** ☐ Delete  
 NAME **JONES, MITCHELL**  
 STREET ADDRESS **851 MILES AVENUE #23**  
 CITY-ST-ZIP **WINTER PARK FL 32789**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **P** ☐ Change ☒ Addition  
 NAME **Ranson, Clark**  
 STREET ADDRESS **851 miles Ave. #10**  
 CITY-ST-ZIP **Winter Park, FL 32789**

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

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

TITLE ☐ Change ☐ Addition  
 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)