

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 31, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90046 039 \*\*\*\*61.25

**DOCUMENT # N02766**

1. Entity Name

**CHANCELLORS ROW HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2620 GRADUATE COURT  
 ORLANDO FL 32826

2620 GRADUATE COURT  
 ORLANDO FL 32826

2. Principal Place of Business

2180 W SR 434

3. Mailing Address

2180 W SR 434

Suite, Apt. #, etc.

STE 5000

Suite, Apt. #, etc.

STE 5000

City & State

LONGWOOD FL

City & State

LONGWOOD FL

Zip

32779

Country

US

Zip

32779

Country

US

4. FEI Number

59-2457309

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, CARLA**  
**254 STILLWATER DR**  
**OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name

**JAMES W HART JR**

Street Address (P.O. Box Number is Not Acceptable)

**SENTRY MANAGEMENT INC**

**2180 W SR 434 STE 5000**

City

**LONGWOOD**

**FL**

Zip Code  
**32779**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/24/02

**After September 13, 2002,**  
**min. will be \$236.25.**

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

TITLE **VPD** ☒ Delete  
 NAME **NGUYEN, BORIS**  
 STREET ADDRESS **2631 LASER CT**  
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **PD** ☐ Delete  
 NAME **SHAW, MARTHA**  
 STREET ADDRESS **2660 GRADUATE CT**  
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **D** ☒ Delete  
 NAME **SIERRA, OLGA**  
 STREET ADDRESS **2659 LASER CT**  
 CITY-ST-ZIP **ORLANDO FL 32820**

TITLE **D VPD** ☐ Delete  
 NAME **BRADY, CHRISTINE**  
 STREET ADDRESS **2709 GRADUATE CT**  
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE **TSD** ☒ Delete  
 NAME **WHYLAND, CHRISTOPHER**  
 STREET ADDRESS **2710 GRADUATE CT**  
 CITY-ST-ZIP **ORLANDO FL 32826**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **A lison Roach TSD** ☐ Change ☒ Addition  
 NAME  
 STREET ADDRESS **2703 Graduate Ct**  
 CITY-ST-ZIP **Orlando, FL. 32826**

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

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:

**MARTHA L SHAW** 7/16/02 407-277-4298

CR2E037 (4/02)

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/20/2002-90046-039-\$61.25-\$61.25

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ORLANDO FL 32826

2620 GRADUATE COURT  
ORLANDO FL 32826

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

59-2457309

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

ANDERSON, CARLA  
254 STILLWATER DR  
OWIEDO FL 32765

Name

Martha Shaw

Street Address (P.O. Box Number is Not Acceptable)

2660 Graduate Court

City

Orlando

FL

Zip Code

32826

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

MARTHA L SHAW Martha L Shaw 4/20/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when substituting)

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  
VPD  
NGUYEN, BORIS  
2631 LASER CT  
ORLANDO FL 32826 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ALISON ROACH  
2702 GRADUATE CT  
ORLANDO FL 32826 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SHAW, MARTHA  
2660 GRADUATE CT  
ORLANDO FL 32826 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SIERRA, OLGA  
2659 LASER CT  
ORLANDO FL 32820 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BRADY, CHRISTINE  
2709 GRADUATE CT  
ORLANDO FL 32828 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TSD  
WHYLAND, CHRISTOPHER  
2710 GRADUATE CT  
ORLANDO FL 32828 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and complete 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 an address as empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA L SHAW

4/20/02

407-277-4298

City

Daytime Phone #

CR2E037 (8/01)