## **2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # N9700000360



## FILED Feb 26, 2003 8:00 am § Secretary of State

CHELTENHAM HOMEOWNERS ASSOCIATION, INC.				02	02-26-2003 90140 007 ****61.25			
C/O PENN F	iace of Business FIRST MANAGEMENT INC N RD STE 103 L 32817	Mailing Address C/O PENN FIRST MANAG 1813 N DEAN RD STE 10 ORLANDO FL 32817 US		 	IZBRI BBINI BBINI BBINI BBINI BBINI B	<b>i 18 8</b> 2001 <b>8 2</b> 00	11 <b>1 80</b> 14 1884	
2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address					
Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		59-3438763 Applied For			
Zip	Country	Zip	Country	5. Certificate of Stat		.75 Add		
	6. Name and Address of Current F	Registered Agent		<del> </del>	ss of New Registered Age	e.Required	محتنجتمي	
	· · · · · · · · · · · · · · · · · · ·	···	Name	PENN FIRST				
SHEELER, LAWRENCE M			Street Ad	MANAGEMENT	INC			
C/O PENN FIRST MANAGEMENT TINC				1813 N. DEAN RI	•			
1 <del>813-N-DEAN-RD-91E-103-</del> <del>- ORLANDO-FE-8281</del> 7				ORLANDO FL 32				
HEATAE	J <del>O-FE-0201</del> /		City		г.	2 Code	-	
8. The above	ve named entity submits this statement for	the oursess of changing it	n registered office or an		0			
the obliga	ations of registered agent.	the purpose of changing it	s registered office of ret	gistered agent, or both, in th	e State of Florida. I am fam	iliar with, a	and accept	
<b>6</b>							{	
SIGNĀTURE		······································		···				
3.	Signature, typed or printed name of registered agent as	nd title if applicable. (NO	TE: Registered Agent signature re	equired when reinstating)	DATE			
FILE NOW: FEE IS \$61.25			Impaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check P Florida Departme			
10.	OFFICERS AND DIRI	CTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIREC	TORS IN	10	
TITLE	PO	Delete	TITLE			Change	Addition	
NAME	O'BORN, JOSHUA>	/ \	NAME			Ū	_	
STREET ADDRESS CITY-ST-ZIP	SPECI HOMBER OF		STREET ADDRESS				1	
<u>_</u>	ORLANDO FL-32825		CITY-ST-ZIP					
TITLE NAME	VALENTIN, CHRIS	☐ Delete	TITLE	'D	<b>)</b>	Change	☐ Addition ☐	
STREET ADDRESS	■		NAME	<del></del>	/			
CITY-ST-ZIP	ORLANDO FL 32825		STREET ADDRESS CITY-ST-ZIP	CONTRACTOR OF THE SECOND	منافوة المعررة المصاماعة والد	era - compres		
TITLE	STD	☐ Delete	TITLE			Db		
NAME	BURKE, JERRY	Detete	NAME		Li	Change	☐ Addition	
STREET ADDRESS	502 POINTE ALLYSON WAY		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32825		CITY-ST-ZIP					
TITLE	<del>10</del> ^	Delete	TITLE			Change	Addition	
NAME	KREMPOSKY, BRIAN	<b>/</b> V	NAME		_	Onlings		
STREET ADDRESS	440-POINTE ALLYSON-WAY		STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL 32825		CITY-ST-ZIP					
TITLE	188		TITLE	<u> </u>		01	☐ Addition	
214445	+201	☐ Delete		D	<b>X</b>	ynange		
NAME STREET ADDRESS	ELLIOT, LARRY	☐ Delete	NAME	D	×	Change	710011011	
NAME STREET ADDRESS CITY-ST-ZIP	ELLIOT, LARRY 513 POINTE ALLYSON WAY	☐ Delete	NAME STREET ADDRESS	D	×	Cnange	7.001.01	
STREET ADDRESS CITY-ST-ZIP	ELLIOT, LARRY		NAME STREET ADDRESS CITY-ST-ZIP	D				
STREET ADDRESS CITY-ST-ZIP TITLE	ELLIOT, LARRY 513 POINTE ALLYSON WAY	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	D			Addition	
STREET ADDRESS CITY-ST-ZIP	ELLIOT, LARRY 513 POINTE ALLYSON WAY		NAME STREET ADDRESS CITY-ST-ZIP	D				

12. I hereby certify that the information supplied with this filling 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 truetee 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:

SNATURE REQUIRED.

2-20-03 47-766-2/03