

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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90470 041 \*\*\*\*61.25

**DOCUMENT # N98000002762**

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



**Principal Place of Business**  
**242 NORTH WESTMONTE DRIVE**  
**ALTAMONTE SPRINGS FL 32714**

**Mailing Address**  
**5025 SOUTH HWY 17-92**  
**CASSELBERRY FL 32718**  
**US**

**2. Principal Place of Business**  
**5025 South U.S. Hwy. 17-92**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**5025 South U.S. Hwy. 17-92**  
Suite, Apt. #, etc.

**City & State**  
**Casselberry, FL**  
**Zip**  
**32707**  
**Country**

**City & State**  
**Casselberry, FL**  
**Zip**  
**32707**  
**Country**

**4. FEI Number** **59-3556325**

**Applied For**  
**Not Applicable**

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

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**SPARE, WILLIAM C MGR**  
**C/O MID-FLORIDA PROP. MGMT.**  
**5025 US HWY 17-92**  
**CASSELBERRY FL 32707**

**7. Name and Address of New Registered Agent**

**Name**

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

**City**

**FL**

**Zip Code**

**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**

**FILE NOW: FEE IS \$61.25**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>VD</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>PARIS, JASON P</b>	
<b>STREET ADDRESS</b>	<b>242 NORTH WESTMONTE DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>ALTAMONTE SPRINGS FL 32714</b>	
<b>TITLE</b>	<b>SD</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>LYNCH, PAMELA K</b>	
<b>STREET ADDRESS</b>	<b>242 NORTH WESTMONTE DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>ALTAMONTE SPRINGS FL 32714</b>	
<b>TITLE</b>	<b>PTD</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>SANDERS, KYLE A</b>	
<b>STREET ADDRESS</b>	<b>242 NORTH WESTMONTE DRIVE</b>	
<b>CITY-ST-ZIP</b>	<b>ALTAMONTE SPRINGS FL 32714</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Brown, Herman</b>	
<b>STREET ADDRESS</b>	<b>14632 Kristenright Lane</b>	
<b>CITY-ST-ZIP</b>	<b>Orlando, FL 32826</b>	
<b>TITLE</b>	<b>SD</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Richendollar, Carolee</b>	
<b>STREET ADDRESS</b>	<b>4032 Shawn Circle</b>	
<b>CITY-ST-ZIP</b>	<b>Orlando, FL 32826</b>	
<b>TITLE</b>	<b>VD</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Singh, Beeran D.</b>	
<b>STREET ADDRESS</b>	<b>14706 Kristenright Lane</b>	
<b>CITY-ST-ZIP</b>	<b>Orlando, FL 32826</b>	
<b>TITLE</b>	<b>TD</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Taggart, Elwood</b>	
<b>STREET ADDRESS</b>	<b>4020 Shawn Circle</b>	
<b>CITY-ST-ZIP</b>	<b>Orlando, FL 32826</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>Harris, Tammy</b>	
<b>STREET ADDRESS</b>	<b>14540 Kristenright Lane</b>	
<b>CITY-ST-ZIP</b>	<b>Orlando, FL 32826</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

*[Handwritten Signature]*

*12 March 2003*

CR2E037 (10/02)