

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 723500

1. Entity Name

MERRIE OAKS VILLAGE ASSOCIATION, INC

Principal Place of Business

444 W. NEW ENGLAND AVE.  
B  
WINTER PARK FL 32789

Mailing Address

444 W. NEW ENGLAND AVE.  
B  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JORDAN, BRETT M  
SPECIALTY MANAGEMENT CO. OF CENTRAL FLA  
2180 PARK AVENUE N., STE. 326  
WINTER PARK FL 32789

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME CRAIG, JAMES  
STREET ADDRESS 264 BALFOUR DR.  
CITY-ST-ZIP WINTER PK FL 32792 ☐ Delete

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

TITLE TD  
NAME AUFHAMMER, BARBARA  
STREET ADDRESS 246 BALFOUR DR.  
CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete

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

TITLE VD  
NAME SCRIBNER, JOHN  
STREET ADDRESS 250 BALFOUR DR  
CITY-ST-ZIP WINTER PK FL 32792 ☒ Delete

TITLE VD  
NAME JAMES WELSH  
STREET ADDRESS 260 BALFOUR RD.  
CITY-ST-ZIP WINTER PARK, FL 32792 ☐ Change ☒ Addition

TITLE D  
NAME BARRY, BARBARA  
STREET ADDRESS 248 BALFOUR DR.  
CITY-ST-ZIP WINTER PARK FL 32792 ☒ Delete

TITLE PD  
NAME GEORGE SKENE  
STREET ADDRESS 262 BALFOUR RD  
CITY-ST-ZIP WINTER PARK, FL 32792 ☐ Change ☒ Addition

TITLE SD  
NAME DONCSECZ, JAN  
STREET ADDRESS 244 BALFOUR DR.  
CITY-ST-ZIP WINTER PARK FL 32792 ☐ 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)(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)*

H-30-01

407-657-7994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED  
May 16, 2001 8:00 am  
Secretary of State

05-16-2001 90226 048 \*\*\*\*61.25

974902



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-6526112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75-Additional --  
Fee Required