

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91293 037 ****61.25

DOCUMENT # 758287

1. Entity Name

GOTHA COMMUNITY ASSOCIATION, INC.

Principal Place of Business

10807 GOTHA RD
 GOTHA FL 34734
 US

Mailing Address

P O BOX 192
 GOTHA FL 34734
 US

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

54-1938820

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NICKESON, KEN
9627 WESTOVER ROBERTS ROAD
WINDERMERE FL 34786

7. Name and Address of New Registered Agent

Name **CAM WERY**

Street Address (P.O. Box Number is Not Acceptable)
10568 MOORE RD.

City **WINDERMERE**

FL

Zip Code **34786**

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

Cam Wery

CAM WERY PRESIDENT

4/29/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NICKENSON, KEN 9627 WESTOVER ROBERTS ROAD WINDERMERE FL 34786	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NICKESON, KEN 5-38 WESTOVER ROBERTS WINDERMERE FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WERY, CAM 10568 MOORE ROAD GOTHA FL 34734	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FAIN, MARGIE 9842 MOHRS COVE LANE WINDERMERE FL 34786	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KIM KEM, LARRY 9304 GOTHA RD. WINDERMERE, FL. 34786	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WERY, TELETNE 10568 MOORE RD. GOTHA, FL. 34734	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WERY, CAM 10568 MOORE ROAD GOTHA, FL. 34734	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:

Larry D. Kiem
LARRY D. KIEM TREASURER

Date

Daytime Phone #

CR2E037 (9/01)