

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90404 046 \*\*\*\*61.25

**DOCUMENT # 762723**

1. Entity Name

**MCCLELLAN PARK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

2105 MIETAW DR  
SARASOTA FL 34239  
US

Mailing Address

2105 MIETAW DR  
SARASOTA FL 34239  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**51-0189824**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ROBERTSON JR, CHARLES T**  
**2115 MEITAW DRIVE**  
**SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name **JUNE CUSSEN**

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

**1644 Seminole Drive**

City

**Sarasota**

FL

Zip Code

**34239**

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

*June Cussen*

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

*June Cussen, President 4/18/01*

(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 **PD** ☐ Delete  
NAME **SCHACKON, SAM**  
STREET ADDRESS **2355 MCCLELLAN PARKWAY**  
CITY-ST-ZIP **SARASOTA FL 34239**TITLE **VD** ☐ Delete  
NAME **STOVER, RICHARD**  
STREET ADDRESS **2332 MCCLELLAN PARKWAY**  
CITY-ST-ZIP **SARASOTA FL 34239**TITLE **SD** ☐ Delete  
NAME **ZIMMER, CHERYL B**  
STREET ADDRESS **1741 ILLEHAW DR.**  
CITY-ST-ZIP **SARASOTA FL 34239**TITLE **STD** ☐ Delete  
NAME **HALLIWELL, JOAN**  
STREET ADDRESS **2105 MIETAW DR.**  
CITY-ST-ZIP **SARASOTA FL**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **JUNE CUSSEN**  
STREET ADDRESS **1644 Seminole Dr.**  
CITY-ST-ZIP **Sarasota, FL 34239**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **SD** ☒ Change ☐ Addition  
NAME **CYNTHIA O'DONNELL**  
STREET ADDRESS **2339 Mietaw Drive**  
CITY-ST-ZIP **Sarasota, FL 34239**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:***Joan Halliwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR*Joan Halliwell, Treasurer 4/18/01*  
Date

Daytime Phone #

CR2E037 (10/00)