

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

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

03-17-2003 91059 029 ****61.25

DOCUMENT # 765446

1. Entity Name

CARMEL OAKS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

~~4592~~ **LIGHTHOUSE CIRCLE**
ORLANDO FL 32808
US

Mailing Address

PO BOX 0774
WINDERMERE FL 34786-0774
US

2. Principal Place of Business

4808 LIGHTHOUSE CIR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2557148**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEAN & MALCHOW, P.A.
ATTN: PAUL L. WEAN, ESQ.
1305 EAST ROBINSON STREET
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

646 E. COLONIAL DRIVE

City

FL

Zip Code
32803

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

TITLE **D** ☐ Delete
NAME **KELLEY, M**
STREET ADDRESS **5236 SIGNAL HILL RD**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **PD** ☒ Delete
NAME **TREESE, KELLE**
STREET ADDRESS **4593 LIGHTHOUSE CIR**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **SD** ☐ Delete
NAME **MAGIN, KATHY**
STREET ADDRESS **4603 LIGHTHOUSE CIR.**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **VPD** ☐ Delete
NAME **POWELL, BARBARA**
STREET ADDRESS **4808 LIGHTHOUSE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **TD** ☐ Delete
NAME **ASKEW, BITSY**
STREET ADDRESS **4575 LIGHTHOUSE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** ☐ Change ☒ Addition
NAME **JOHN ZAVITZ**
STREET ADDRESS **2440 VIA GENOVA**
CITY-ST-ZIP **APOPKA FL 32712**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **3708 NARADOLINE DR**
CITY-ST-ZIP **32818**

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

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

TITLE **DT** ☐ Change ☒ Addition
NAME **KIMBERLY STEWART**
STREET ADDRESS **4650 LIGHTHOUSE CR**
CITY-ST-ZIP **ORLANDO FL 32808**

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 REQUIRED President**

11/21/03

407-566-7916

CR2E037 (10/02)