

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

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90153 008 \*\*\*\*61.25

DOCUMENT # 769926

1. Entity Name

PLACE 434 CONDOMINIUM ASSOCIATION  
PHASE II

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2623 WEST ST. ROAD 434

Suite, Apt. #, etc.

3. Mailing Address

2623 WEST ST. ROAD 434

Suite, Apt. #, etc.

City & State

LONGWOOD

FLORIDA

City & State

LONGWOOD

FLORIDA

4. FEI Number

57-2503549

Applied For

Not Applicable

Zip

32779

Country

U.S.

Zip

32779

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name YOUNG, D.B. JR.

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

2623 WEST STATE ROAD 434

City

LONGWOOD

FL

Zip Code

32779

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 reinstalling)

DATE

FEE IS \$61.25  
Initial or Amended UBR

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  
TD  
PICHENY, SANDRA A.  
2623 WEST STATE ROAD 434  
LONGWOOD, FLORIDA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
DWIN, RICHARD  
2637 WEST STATE ROAD 434  
LONGWOOD, FLORIDA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SECRETARY/DIRECTOR  
D.B. YOUNG, JR.  
2623 WEST STATE ROAD 434  
LONGWOOD, FLORIDA

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra A. Picheny  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02  
Date

(407) 682-0125  
Daytime Phone #

CR2E037B (12/01)