

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State
 03-30-2001 90337 042 ****61.25

DOCUMENT # N00000001195

1. Entity Name

DEARCROFT AT LEGENDS NEIGHBORHOOD ASSOCIATION, I

Principal Place of Business

**2180 WEST STATE ROAD 434
 SUITE 5000
 LONGWOOD FL 32779-5044**

Mailing Address

**2180 WEST STATE ROAD 434
 SUITE 5000
 LONGWOOD FL 32779-5044**

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

59-3635284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W JR.
 SENTRY MANAGEMENT INC
 2180 WEST STATE ROAD 434, SUITE 5000
 LONGWOOD FL 32779**

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** ☐ Delete
 NAME **HACKER, E B**
 STREET ADDRESS **1900 KINGS RIDGE BLVD**
 CITY-ST-ZIP **CLERMONT FL 34711**

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

TITLE **VD** ☒ Delete
 NAME **HUDRLIK, DEBORA L**
 STREET ADDRESS **4902 EISENHOWER BLVD SUITE 100**
 CITY-ST-ZIP **TAMPA FL 33634**

TITLE **PD** ☐ Change ☒ Addition
 NAME **SELLERS, JEFF**
 STREET ADDRESS **1110 Douglas Avenue, Suite 2040**
 CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE **STD** ☒ Delete
 NAME **MCPHERSON, LAURA**
 STREET ADDRESS **1900 KINGS RIDGE BLVD**
 CITY-ST-ZIP **CLERMONT FL 34711**

TITLE **STD** ☐ Change ☒ Addition
 NAME **SODERMARK, CHRISTINE**
 STREET ADDRESS **1110 Douglas Avenue, Suite 2040**
 CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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TITLE ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/01 407-682-9291

CR2E037 (10/00)