

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001195

1. Entity Name

DEARCROFT AT LEGENDS NEIGHBORHOOD ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

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

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

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

TITLE ☐ Delete
NAME PD
STREET ADDRESS SELLERS, JEFF
CITY-ST-ZIP 1110 DOUGLAS AVENUE SUITE 2040
ALTAMONTE SPRINGS FL 32714

TITLE ☒ Change ☐ Addition
NAME 1700 LEGENDARY BLVD.
STREET ADDRESS CLERMONT, FL 34711
CITY-ST-ZIP

TITLE ☐ Delete
NAME STD
STREET ADDRESS SODERMARK, CHRISTINE
CITY-ST-ZIP 1110 DOUGLAS AVENUE SUITE 2040
ALTAMONTE SPRINGS FL 32714

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all addresses, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90033 020 ****61.25

B0086830



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)