

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2002 8:00 am  
Secretary of State

04-24-2002 90372 027 \*\*\*\*61.25

DOCUMENT # N00000003330

1. Entity Name

PARK ALTA CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

733 ALTALOMA AVENUE  
ORLANDO FL 32803

733 ALTALOMA AVENUE  
ORLANDO FL 32803

00000014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

749 ALTALOMA

749 ALTALOMA AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORL FL

City & State

ORL FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32803

Country

USA

Zip

32803

Country

USA

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

MARS, ANTHONY C

733 ALTALOMA AVENUE  
ORLANDO FL 32803

Name

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

749 ALTALOMA

City

ORLANDO, FL

FL

Zip Code

32803

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

*Anthony C Mars*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-8-02

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  
NAME MARS, ANTHONY C  
STREET ADDRESS 733 ALTALOMA AV  
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE  
NAME 749 ALTALOMA AV ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST  
NAME MARS, KIMBERLY L  
STREET ADDRESS 733 ALTALOMA AV  
CITY-ST-ZIP ORLANDO FL 32803 ☐ Delete

TITLE  
NAME 749 ALTALOMA AV ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T  
NAME BROWN, DARRELL  
STREET ADDRESS 2222 NEWT ST  
CITY-ST-ZIP ORLANDO FL 32837 ☒ Delete

TITLE  
NAME BROWN, DARRELL ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP DELETE

TITLE T  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE TRASURER  
NAME DANIEL PATE  
STREET ADDRESS 1800 PARK LAKE ST  
CITY-ST-ZIP ORLANDO, FL 32803 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

*Anthony C Mars*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-02

407-897-6551

Date

Daytime Phone #

CR2E037 (9/01)