

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11551

1. Entity Name

CLUB HACIENDAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1171 COUNTRY CLUB DR
TITUSVILLE FL 32780
US

PO BOX 5027
TITUSVILLE FL 32783-5027
US

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

59-2648469

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

ROGERS, RICHARD L
1135 S WASHINGTON AVE
TITUSVILLE FL 32780

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 VTD ☐ Delete
NAME GLENN, MALCOLM C
STREET ADDRESS 973 COUNTRY CLUB DR.
CITY-ST-ZIP TITUSVILLE FL

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

TITLE VD ☐ Delete
NAME FORSYTHE, DOUGLAS
STREET ADDRESS 963 COUNTRY CLUB
CITY-ST-ZIP TITUSVILLE FL

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

TITLE PD ☐ Delete
NAME O'BRIEN, MICHAEL
STREET ADDRESS 1165 COUNTRY CLUB DR.
CITY-ST-ZIP TITUSVILLE FL

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

TITLE SD ☐ Delete
NAME CLINE, ARTHUR
STREET ADDRESS 4010 COQUINA AVE
CITY-ST-ZIP TITUSVILLE FL

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

TITLE VD ☒ Delete
NAME CHEZEM, CHARLENE
STREET ADDRESS 2476 DEMARET DT
CITY-ST-ZIP TITUSVILLE FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/3/00
Date

321-253-2525
Daytime Phone #

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90118 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)