

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11551

1. Entry Name

CLUB HACIENDAS CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90067 013 ****61.25

0024693

Principal Place of Business 1171 COUNTRY CLUB DR TITUSVILLE FL 32780 US		Mailing Address PO BOX 5027 TITUSVILLE FL 32783-5027 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	



DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number 59-2648469	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROGERS, RICHARD L 1135 S WASHINGTON AVE TITUSVILLE FL 32780		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 NAME STREET ADDRESS CITY-ST-ZIP	VD GLENN, MALCOLM C 973 COUNTRY CLUB DR. TITUSVILLE FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Frederick W. Schutz 1061 Country Club Drive Titusville FL 32780 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FORSYTHE, DOUGLAS 963 COUNTRY CLUB TITUSVILLE FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Pershing Boe 1085 Country Club Drive Titusville FL 32780 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'BRIEN, MICHAEL 1165 COUNTRY CLUB DR. TITUSVILLE FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Rita F. McCaffrey 1165 Country Club Drive Titusville FL 32780 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLINE, ARTHUR 4010 COQUINA AVE TITUSVILLE FL ☐ 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
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:

Malcolm C. Glenn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)