

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12142

1. Entity Name

HUNTERS' CHASE CONDOMINIUM ASSOCIATION, INC.

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90260 030 ****61.25

Principal Place of Business

266 WILDSHIRE BLVD
 SUITE 110
 CASSELBERRY FL 32707-5372
 US

Mailing Address

266 WILDSHIRE BLVD
 SUITE 110
 CASSELBERRY FL 32707-5372
 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

59-2883039

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

FOWLER, KIMBERLY
 266 WILSHIRE BLVD SUITE 110
 CASSELBERRY FL 32707

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
 NAME OLSON, DONALD A ☒ Delete
 STREET ADDRESS 1141 EXCELLER COURT 101
 CITY-ST-ZIP CASSELBERRY FL

TITLE SD
 NAME McGrath, Lorraine T ☐ Change ☒ Addition
 STREET ADDRESS 995 Northern Dancer Way #205
 CITY-ST-ZIP Casselberry, FL 32707

TITLE VD
 NAME EMMONS, LOIS ☐ Delete
 STREET ADDRESS 910 NORTHERN DANCER WAY #104
 CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE STD
 NAME LEATHERMAN, JOE R ☐ Delete
 STREET ADDRESS 900 NORTHERN DANCER WAY 204
 CITY-ST-ZIP CASSELBERRY FL 32707

TITLE PD
 NAME Leatherman, Joe R ☒ Change ☐ Addition
 STREET ADDRESS 900 Northern Dancer Way #204
 CITY-ST-ZIP Casselberry, FL 32707

TITLE D
 NAME SPRAGUE, MIRIAM K ☐ Delete
 STREET ADDRESS 935 NORTHERN DANCER WAY 101
 CITY-ST-ZIP CASSELBERRY FL 32707

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

TITLE D
 NAME KENNETH, GREGGS ☐ Delete
 STREET ADDRESS 1149 EXCELLER COURT 205
 CITY-ST-ZIP CASSELBERRY FL 32707

TITLE TD
 NAME Greggs, Kenneth ☒ Change ☐ Addition
 STREET ADDRESS 1149 Exceller Court #205
 CITY-ST-ZIP Casselberry, FL 32707

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)