

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14476

1. Entity Name

HAZEL GLEN COMMUNITY ASSOCIATION, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90026 015 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P.O. BOX 952526  
LAKE MARY FL 32795-2526  
US

P.O. BOX 952526  
LAKE MARY FL 32795-2526  
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

59-2870312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, SCOTT  
103 DONNA CIRCLE  
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name Patti Earl

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

110 Donna Circle  
Sanford

FL 32773

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

TITLE TD ☐ Delete  
NAME MCCORMICK, GINGER  
STREET ADDRESS 119 DONNA CIRCLE  
CITY-ST-ZIP SANFORD FL 32773

TITLE D ☒ Delete  
NAME AUSTIN, SCOTT  
STREET ADDRESS 103 DONNA CIR  
CITY-ST-ZIP SANFORD FL

TITLE VSD ☐ Delete  
NAME EARL, PATTI  
STREET ADDRESS 110 DONNA CIRCLE  
CITY-ST-ZIP SANFORD FL 32773

TITLE D ☐ Delete  
NAME FRATER, STEVE  
STREET ADDRESS 121 DNNA CIRCLE  
CITY-ST-ZIP SANFORD FL 32773

TITLE D ☒ Delete  
NAME HARPER, TED  
STREET ADDRESS 119 DARINA CIR  
CITY-ST-ZIP SANFORD FL 32773

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE VD ☐ Change ☒ Addition  
NAME Martin, Ivonne  
STREET ADDRESS 123 Hazel Blvd.  
CITY-ST-ZIP Sanford, FL 32773

TITLE SD ☒ Change ☐ Addition  
NAME Earl, Patti  
STREET ADDRESS 110 Donna Circle  
CITY-ST-ZIP Sanford, FL 32773

TITLE D ☒ Change ☐ Addition  
NAME Frater, Steve  
STREET ADDRESS 121 Donna Circle  
CITY-ST-ZIP Sanford, FL 32773

TITLE PD ☒ Change ☐ Addition  
NAME McCormick, Shane  
STREET ADDRESS 119 Donna Circle  
CITY-ST-ZIP Sanford, FL 32773

TITLE D ☐ Change ☒ Addition  
NAME Bladek, Eileen  
STREET ADDRESS 111 Hazel Blvd.  
CITY-ST-ZIP Sanford, FL 32773

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: Ginger R. McCormick Ginger R. McCormick 1-10-00 407-321-4903

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #