

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14476

1. Entity Name

HAZEL GLEN COMMUNITY ASSOCIATION, INC.

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

EARL, PATTY  
110 DONNA CIRCLE  
SANFORD FL 32773

7. Name and Address of New Registered Agent

Name Monica Hodge  
Street Address (P.O. Box Number is Not Acceptable)  
115 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 Monica A Hodge  
Signature, typed or printed name of registered agent and title is 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          | TD                | <input type="checkbox"/> Delete            |
| NAME           | MCCORMICK, GINGER |  |
| STREET ADDRESS | 119 DONNA CIRCLE  |  |
| CITY-ST-ZIP    | SANFORD FL 32773  |  |
| TITLE          | D                 | <input checked="" type="checkbox"/> Delete |
| NAME           | MARTIN, IVONNE    |  |
| STREET ADDRESS | 123 HAZEL BLVD    |  |
| CITY-ST-ZIP    | SANFORD FL 32773  |  |
| TITLE          | VD                | <input checked="" type="checkbox"/> Delete |
| NAME           | EARL, PATTI       |  |
| STREET ADDRESS | 110 DONNA CIRCLE  |  |
| CITY-ST-ZIP    | SANFORD FL 32773  |  |
| TITLE          | D                 | <input type="checkbox"/> Delete            |
| NAME           | FRATER, STEVE     |  |
| STREET ADDRESS | 121 DONNA CIRCLE  |  |
| CITY-ST-ZIP    | SANFORD FL 32773  |  |
| TITLE          | PD                | <input type="checkbox"/> Delete            |
| NAME           | MCCORMICK, SHANE  |  |
| STREET ADDRESS | 119 DONNA CIRCLE  |  |
| CITY-ST-ZIP    | SANFORD FL 32773  |  |
| TITLE          | D                 | <input type="checkbox"/> Delete            |
| NAME           | HORD, ROBERT      |  |
| STREET ADDRESS | 116 DONNA CIRCLE  |  |
| CITY-ST-ZIP    | SANFORD FL 32773  |  |

|                |  |
|----------------|--|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | SD Monica Hodge  |
| STREET ADDRESS | 115 Donna Circle   |
| CITY-ST-ZIP    | Sanford, FL 32773  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | VD   |
| 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: Shane McCormick  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 18, 2002 8:00 am  
Secretary of State

03-18-2002 90190 032 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)