

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90347 029 ****61.25

DOCUMENT # N19481

1. Entity Name

COVERED BRIDGE AT CURRY FORD WOODS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**444 W NEW ENGLAND AVE
 STE B
 WINTER PARK FL 32789**

**444 W NEW ENGLAND AVE
 STE B
 WINTER PARK FL 32789**

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

59-2847791

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

**MALCOM, THOMAS D.
 444 W NEW ENGLAND AVE
 STE B
 WINTER PARK FL 32789**

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD GARCIA, MIGUEL 7983 MERRIMAC COVE ORLANDO FL 32822	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUIRE, CATHERINE 7969 MERRIMAC COVE ORLANDO FL 32822	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARWICK, LORI 7903 SAGEBRUSH PLACE ORLANDO FL 32822	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, RICHARD 2908 CURRY VILLAGE LANE ORLANDO FL 32822	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DePriore, Maryann 7918 Sagebrush Pl. Orlando, FL 32822	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gonzalez, Rodrigo 7974 Merrimac Cove Orlando, FL 32822	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Knerr, Jennifer 7902 Sagebrush St. Orlando, FL 32822	☐ 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:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)