

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22732

1. Entity Name

THE CHARTER CLUB AT MARTIN DOWNS HOMEOWNERS' ASS

Principal Place of Business

Mailing Address

2002 SW OLYMPIC CLUB TERR  
PALM CITY FL 34990  
US

2002 SW OLYMPIC CLUB TER  
PALM CITY FL 34990-6023  
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

65-0043823

Applied For

Not Applied For

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

Name

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

City

FL

Zip Code

PETERSON, GWEN  
2145 SW OLYMPIC CLUB TERR  
PALM CITY FL 34990

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 ATAS, HERBERT  
STREET ADDRESS 2124 SW AUGUSTA TRACS  
CITY-ST-ZIP PALM CITY FL 34990-6025 ☒ Delete

TITLE VPD  
NAME KAMPERT, ROBERT  
STREET ADDRESS 2075 SW AUGUSTA-TRACE  
CITY-ST-ZIP PALM CITY FL 34990 ☒ Delete

TITLE VPD  
NAME WILLIAM, WARDLE  
STREET ADDRESS 2322 SW OLYMPIC CLUB TERR  
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE ~~SB~~  
NAME PARROTT, BILL  
STREET ADDRESS 2205 SW OLYMPIC CLUB TERR  
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE ~~AS~~  
NAME PETERSON, GWEN  
STREET ADDRESS 2145 SW OLYMPIC CLUB TERR  
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE VICE PRESIDENT / DIR  
NAME WILLIAM MOREHOUSE  
STREET ADDRESS 2091 AUGUSTA TRACE  
CITY-ST-ZIP PALM CITY, FL 34990 ☐ Change ☒ Additor

TITLE SECRETARY / DIR  
NAME JENNIFER LYNN  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Additor

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

TITLE PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Additor

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

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

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 #

1/19/00 561-221-4183