

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
 02-01-2001 90059 029 ****61.25

DOCUMENT # N26149

1. Entity Name

THE COALITION OF PORT ORANGE HOMEOWNERS ASSOCIAT

Principal Place of Business

313 SOUTH PALMETTO AVENUE
 DAYTONA BEACH FL 32114-1997

Mailing Address

313 SOUTH PALMETTO AVENUE
 DAYTONA BEACH FL 32114-1997

2. Principal Place of Business

905 ASHMEADE CT
 Suite, Apt. #, etc.
 PORT ORANGE

3. Mailing Address

905 ASHMEADE CT
 Suite, Apt. #, etc.
 PORT ORANGE

City & State

PORT ORANGE

City & State

PORT ORANGE

Zip

32127

Country

USA

Zip

32127

Country

USA

4. FEI Number

59-2897403

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

SHELLEY, W. DENISE
 313 SOUTH PALMETTO AVE.
 DAYTONA BEACH FL 32114-1997

7. Name and Address of New Registered Agent

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

TITLE PD
 NAME ATWOOD, PETER D
 STREET ADDRESS 807 WOODPORT DR
 CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

TITLE VD
 NAME ROBERTS, WILLIAM C
 STREET ADDRESS 395 PRINCE CHARLES COURT
 CITY-ST-ZIP PT ORANGE FL 32127 ☐ Delete

TITLE SD
 NAME ADAIR, RITA C.
 STREET ADDRESS 713 NORMANDY BLVD.
 CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

TITLE D
 NAME HUGHES, MAUREEN
 STREET ADDRESS 121 PALM CIRCLE DRIVE
 CITY-ST-ZIP DAYTONA BEACH FL 32127 ☐ Delete

TITLE D
 NAME DELL, NEIL F
 STREET ADDRESS 856 CHICADEE DR
 CITY-ST-ZIP PORT ORANGE FL 32127 ☐ Delete

TITLE TD
 NAME WRIGHT, PAMELA M
 STREET ADDRESS 5624 CHRISTIANITY AVE
 CITY-ST-ZIP PORT ORANGE FL 32117 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 ☐ Change ☐ Addition

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

TITLE TD
 NAME MADDEN ROBERT
 STREET ADDRESS 905 ASHMEADE CT
 CITY-ST-ZIP PORT ORANGE FL 32127 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Robert J. Madden 1-15-01 904-760-1917

Date

Daytime Phone #

CR2E037 (10/00)