

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27704

1. Entity Name

THE GLADES HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90033 034 ****61.25

Principal Place of Business

Mailing Address

~~%STEPHEN C. CHUMBRIS~~
14560 EL PASEO DRIVE
SEMINOLE FL 34646

~~%STEPHEN C. CHUMBRIS~~
14560 EL PASEO DRIVE
SEMINOLE FL 33776-1900

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

59-2949722

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

~~MOCK, GEORGE~~
~~14508 ALEJO COURT~~
~~SEMINOLE FL 34646~~

Name **LORD, LINDA**

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

14519 ALEJO CT

City **SEMINOLE**

FL

Zip Code **33776**

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 *Linda Lord*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-00

**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	ST	☒ Delete
NAME	KNOTH, ROBERT	
STREET ADDRESS	14514 ALEJO CURT	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	PD	☒ Delete
NAME	BISCOGLIA, JAMES	
STREET ADDRESS	14584 EL PASEO DR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE	D	☒ Delete
NAME	BERRY, JIM	
STREET ADDRESS	14594 EL PASEO DR	
CITY-ST-ZIP	SEMINOLE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT & DIRECTOR	☐ Change ☒ Addition
NAME	TUDELA, TONY	
STREET ADDRESS	14516 ALEJO CT	
CITY-ST-ZIP	SEMINOLE FL, 33776	
TITLE	VICE PRESIDENT & DIRECTOR	☐ Change ☒ Addition
NAME	HARSHMAN, SUZANNE	
STREET ADDRESS	14510 ALEJO CT	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	SECRETARY & DIRECTOR	☐ Change ☒ Addition
NAME	LORD, LINDA	
STREET ADDRESS	14519 ALEJO CT	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	TREASURER & DIRECTOR	☐ Change ☒ Addition
NAME	SINCLAIR, BRUCE	
STREET ADDRESS	14561 EL PASEO DR	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	WOOLDRIDGE, BOB	
STREET ADDRESS	14565 EL PASEO DR	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE		☐ Change ☐ Addition
NAME		
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: *Linda Lord*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-00

Date

727 596-9794

Daytime Phone #

CR2E037 (9/99)