

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 22, 2001 8:00 am
Secretary of State

06-22-2001 90004 049 ****61.25

DOCUMENT # N27704

1. Entity Name

THE GLADES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2949722

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LORD, LINDA
 14519 ALEJO CT
 SEMINOLE FL 33776**

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** ☐ Delete
 NAME **TURT, TUDELA**
 STREET ADDRESS **14514 ALEJO CURT**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **VPD** ☐ Delete
 NAME **HARSHMAR, SYZANNE**
 STREET ADDRESS **14510 ALEJO CT**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **SD** ☐ Delete
 NAME **LORD, LINDA**
 STREET ADDRESS **14518 ALEJO CT**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **TD** ☒ Delete
 NAME **SINCLAIR, BRUCE**
 STREET ADDRESS **14561 EL PASEO DR**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE **D** ☒ Delete
 NAME **WOOLDRIDGE, BOB**
 STREET ADDRESS **14565 EL PASEO DR**
 CITY-ST-ZIP **SEMINOLE FL 33776**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

(D) SCHWARTZ, GERALDINE ☐ Change ☒ Addition
 STREET ADDRESS **14582-EL PASEO DR.**
 CITY-ST-ZIP **SEMINOLE, FL 33776**

(D) BRASWELL, CARLENA ☐ Change ☒ Addition
 STREET ADDRESS **14584-EL PASEO DR.**
 CITY-ST-ZIP **SEMINOLE, FL 33776**

(T) BRASWELL, MICHAEL ☐ Change ☒ Addition
 STREET ADDRESS **14584-EL PASEO DR.**
 CITY-ST-ZIP **SEMINOLE, FL 33776**

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

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

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:

Michael E. Braswell

MICHAEL E. BRASWELL 727-517-8988

CR2E037 (10/00)