

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33249

1. Entity Name

MACAW CREST OWNERS ASSOCIATION, INC.

Principal Place of Business

HARRIS,CHERIN
340 BAY POINT DRIVE
MELBOURNE FL 32935
US

Mailing Address

HARRIS,CHERIN
340 BAY POINT DRIVE
MELBOURNE FL 32935
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

59-2292685

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

CHERIN, HARRIS A
340 BAY POINT DRIVE
MELBOURNE FL 32935

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	<input type="checkbox"/> Delete
NAME	CHERIN, HARRIS A.	
STREET ADDRESS	340 BAY POINT DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VPAD	<input checked="" type="checkbox"/> Delete
NAME	CLAYTON, ROBERT	
STREET ADDRESS	160 MACAW LANE	
CITY-ST-ZIP	MERRIT ISLAND FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHERIN, DEBORAH	
STREET ADDRESS	340 BAY POINT DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPAD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fred Reno	
STREET ADDRESS	150 MACAW LANE	
CITY-ST-ZIP	MERRITT ISLAND, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

DEBORAH CHERIN

1/8/01

(321) 255-2622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90069 011 ****61.25

700540



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)