

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37769

1. Entity Name

THE COACH HOMES AT DOVER VILLAGE CONDOMINIUM ASS

Principal Place of Business

2180 W S.R. 434, SUITE 5000
5250 S HWY 17-92
LONGWOOD FL 32779

Mailing Address

2180 W S.R. 434, SUITE 5000
5250 S HWY 17-92
LONGWOOD FL 32779

2. Principal Place of Business

2180 W SR 434

3. Mailing Address

2180 W SR 434

Suite, Apt. #, etc.

STE 5000

Suite, Apt. #, etc.

STE 5000

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3039870

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

HART, JAMES, W, JR
SENTRY MANAGEMENT, INC.
2180 W. STATE RD. 434, SUITE 5000
LONGWOOD FL 32779

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME BOROFF, SUZANNE
STREET ADDRESS 5300 #2 WHITE CLIFF LN
CITY-ST-ZIP ORLANDO FL 32812

TITLE TD ☐ Change ☒ Addition
NAME HYATT, KAY
STREET ADDRESS 5273 #7 TURNBRIDGE WELLS LN
CITY-ST-ZIP ORLANDO FL 32812

TITLE PD ☐ Delete
NAME BENNETT, THERESA
STREET ADDRESS 5274 TUNBRIDGE WELLS LN #5
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Change ☒ Addition
NAME CAUDELL, CAROL
STREET ADDRESS 5258-2 TURNBRIDGE WELLS LN
CITY-ST-ZIP ORLANDO FL 32812

TITLE D ☐ Delete
NAME MCNICOL, RONALD
STREET ADDRESS 5282 TUNBRIDGE WELLS LN
CITY-ST-ZIP ORLANDO FL 32812

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

TITLE TD ☒ Delete
NAME ZAREK, HELAINE
STREET ADDRESS 5266-3 TUNBRIDGE WELLS LN
CITY-ST-ZIP ORLANDO FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Theresa Bennett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90007 025 ****61.25

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Jan. 25, 00 277-9663