

2001 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
LONGWOOD FL 32779

Mailing Address

2180 W.S.R. 434, SUITE 5000
LONGWOOD FL 32779

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

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 SD ☒ Delete
NAME BOROFF, SUZANNE
STREET ADDRESS 5300 #2 WHITE CLIFF 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 ☐ Delete
NAME MCNICOL, RONALD
STREET ADDRESS 5282 TUNBRIDGE WELLS LN
CITY-ST-ZIP ORLANDO FL 32812

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 VD ☐ Change ☒ Addition
NAME ZAREK, HELAINE
STREET ADDRESS 5266 TURNBRIDGE WELLS LN #3
CITY-ST-ZIP ORLANDO, FL 32812

TITLE TD ☐ Change ☒ Addition
NAME BECKER, FRANK
STREET ADDRESS 5250 TURNBRIDGE WELLS LN #4
CITY-ST-ZIP ORLANDO, FL 32812

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

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

TITLE D ☐ Change ☒ Addition
NAME MOSKOWITZ, DEBORAH
STREET ADDRESS 5278 #1 WHISTABLE WAY
CITY-ST-ZIP ORLANDO, FL 32812

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90028 041 ****61.25

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DO NOT WRITE IN THIS SPACE

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