

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90076 037 ****61.25

DOCUMENT # N41145

1. Entity Name

ARBOR GLEN AT TUSCAWILLA HOMEOWNERS' ASSOCIATION

Principal Place of Business

Mailing Address

2180 W. SR 434 SUITE 5000
 LONGWOOD FL 32779

2180 W. SR 434 SUITE 5000
 LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3034018

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, J W JR
SENTRY MANAGEMENT, INC.
2180 W SR 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 _____ DATE _____

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	STD	<input checked="" type="checkbox"/> Delete
NAME	MOREO, DENISE	
STREET ADDRESS	1138 ARBOR GLEN CIR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TALSO, EMORY	
STREET ADDRESS	1110 ARBOR GLEN CRICEL	
CITY-ST-ZIP	WINTER SPRINGS FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GREEN, CHARLEES	
STREET ADDRESS	1152 ARBOR GLEN CIR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
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		

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRACCO, LARRY	
STREET ADDRESS	1151 ARBOR GLEN CIR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	TSD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARCHER, JEANNIE	
STREET ADDRESS	1113 ARBOR GLEN CIR	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, CHARLES	
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 checked in attachment with an address, with all other like empowered.

SIGNATURE: *CHARLES M. GREEN* **4/11/00** 407-696-6292
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)