

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90128 019 *****61.25

DOCUMENT # N94000002070

1. Entity Name

WINTER SPRINGS CHAPTER #4949 OF AMERICAN ASSOCIA

Principal Place of Business

1510 CARDINAL ST.
 LONGWOOD FL 32750
 US

Mailing Address

1510 CARDINAL ST.
 LONGWOOD FL 32750
 US

2. Principal Place of Business

76 MAJORCA CR

Suite, Apt. #, etc.

WINTER SPRINGS

City & State

FLORIDA

Zip

32708

Country

SEMINOLE

3. Mailing Address

76 MAJORCA CR

Suite, Apt. #, etc.

WINTER SPRINGS

City & State

FLORIDA

Zip

32708

Country

SEMINOLE



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3379864

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POHLMAN, MAYE
1510 CARDINAL ST.
LONGWOOD FL 32750

7. Name and Address of New Registered Agent

Name **AL LANGDON**

Street Address (P.O. Box Number is Not Acceptable)

76 MAJORCA CR

City **WINTER SPRINGS FL**

Zip Code

32708

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.

AL LANGDON

SIGNATURE **AL LANGDON**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-9-01

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 | POHLMAN, MATE | |
| STREET ADDRESS | 1510 CARDINAL ST. | |
| CITY-ST-ZIP | LONGWOOD FL 32750 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | ROBELLI, EUGENE | |
| STREET ADDRESS | 1003 PEBBLE BEACH CR. | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | KREINER, ISLA | |
| STREET ADDRESS | 806 BIG BUCK CR. | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | WILSON, KENNEDY | |
| STREET ADDRESS | 146 B SPRINGWOOD CIRCLE | |
| CITY-ST-ZIP | LONGWOOD FL 32750-5012 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | LANGDON, ALBERT | |
| STREET ADDRESS | 76 MAJORCA CR. | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | C | <input type="checkbox"/> Delete |
| NAME | KAMPHAUS, JANET | |
| STREET ADDRESS | 697 BEAR CREEK CR. | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------|--|
| TITLE | AL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANGDON, AL | |
| STREET ADDRESS | 76 MAJORCA CR | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVY, DIANE | |
| STREET ADDRESS | 164 COSTA DR | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PEDERSON, JANICE | |
| STREET ADDRESS | 918 PUMA TRAIL | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KENNEDY, JAMES | |
| STREET ADDRESS | 1038 CATHAM PINES DR | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | DR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KREINER, ISLA | |
| STREET ADDRESS | 806 BIG BUCK CR. | |
| CITY-ST-ZIP | WINTER SPRINGS FL 32708 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAYE, FRANCES | |
| STREET ADDRESS | 347 FAIRGREEN PL | |
| CITY-ST-ZIP | CASSELBERLY, FL 32707 | |

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: **AL LANGDON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01 407-327-1176

Date

Daytime Phone #

CR2E037 (10/00)

Attachment
D#N900000000
AW40882



D
MAYE BOHLMAN
1510 CARDINAL
LONGWOOD FL 32750

D
BOB MAHON
1015 ANTELOPE TR
WINTER SPRINGS FL 32708