

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

3/4.

03-04-2003 90078 046 ****61.25

DOCUMENT # N96000000783					
1. Entity Name ORLANDO/CENTRAL FLORIDA CHAPTER OF THE NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS, IN					
Principal Place of Business P.O. BOX 56 WINTER PARK FL 32790-0056			Mailing Address P.O. BOX 56 WINTER PARK FL 32790-0056		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3334133	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DARBY, PETER M 4401 VINELAND RD #A-9 ORLANDO FL 32811			7. Name and Address of New Registered Agent Name: <u>THAIS R. SOLER</u> Street Address (P.O. Box Number is Not Acceptable): <u>3834 E. MICHIGAN ST</u> <u>ORLANDO, FL 32812</u> City: <u>ORLANDO FL</u> FL Zip Code: <u>32812</u>		
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Thais R. Soler, Treasurer</u> DATE: <u>2/27/03</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE: VD NAME: ACKLEY, RAJA STREET ADDRESS: 22 W. MONUMENT AVE. CITY-ST-ZIP: KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Delete		TITLE: PRES EL NAME: JILL BOLES STREET ADDRESS: 1120 EGAN DR CITY-ST-ZIP: ORLANDO, FL 32822-5938	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: PRES NAME: PARKER, TERESA STREET ADDRESS: 9816 E COLONIAL DR CITY-ST-ZIP: ORLANDO FL 32817	<input type="checkbox"/> Delete		TITLE: BVP NAME: ROBERT MECKS STREET ADDRESS: 460 SEMORAN BLVD #104 CITY-ST-ZIP: CASSELBERRY FL 32707-4938	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: PD NAME: WILSON, PHILLIP STREET ADDRESS: 2203 HILLCREST ST CITY-ST-ZIP: ORLANDO FL 32803	<input checked="" type="checkbox"/> Delete		TITLE: TREAS NAME: THAIS R. SOLER STREET ADDRESS: 3834 E. MICHIGAN ST CITY-ST-ZIP: ORLANDO FL 32812	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE: TD NAME: DARBY, PETER M STREET ADDRESS: 4401 VINELAND RD SUITE A-9 CITY-ST-ZIP: ORLANDO FL 32811	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: ST NAME: ROBERTS, MARTY STREET ADDRESS: PO BOX 1408 CITY-ST-ZIP: MOUNT DORA FL 32756	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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: Thais R. Soler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)