

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # N96000001789

1. Entity Name

CHATHAM WOODS HOMEOWNERS ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-04-2000 90053 046 ****66.25

Principal Place of Business

Mailing Address

912 N. HIGHLAND AVENUE
ORLANDO FL 32803

912 N. HIGHLAND AVENUE
ORLANDO FL 32803-3205

2. Principal Place of Business

5507 Chatham Woods Ct
Suite, Apt. #, etc.

3. Mailing Address

5507 Chatham Woods Ct
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL
Zip 32808
Country USA

City & State

Orlando FL
Zip 32808
Country USA

4. FEI Number

59-3430277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, ANTHONY C
912 N. HIGHLAND AVENUE
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name Tris Tanner
Street Address (P.O. Box Number Is Not Acceptable)
Chatham Woods Ct
City Orlando FL FL Zip Code 32808

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 Rebecca C. Fox, treasurer
Signature, typed or printed name of registered agent and title if applicable.

2-15-2000
DATE

(NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> Delete
NAME	MARTIN, ANTHONY C	
STREET ADDRESS	912 N. HIGHLAND AVE.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RICH, A W	
STREET ADDRESS	912 N. HIGHLAND AVE.	
CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RICH, GWEN C	
STREET ADDRESS	912 N. HIGHLAND AVE.	
CITY-ST-ZIP	ORLANDO FL 32803	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tris Tanner	
STREET ADDRESS	5507 Chatham Woods Court	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John House	
STREET ADDRESS	5524 Chatham Woods Court	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	TD Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rebecca Fox	
STREET ADDRESS	5531 Chatham Woods Court	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	ST Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Milagros Martinez	
STREET ADDRESS	5501 Chatham Woods Ct	
CITY-ST-ZIP	Orlando, FL 32808	
TITLE	DD Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jennifer Ramsey	
STREET ADDRESS	5555 Chatham Woods Ct	
CITY-ST-ZIP	Orlando FL 32808	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rebecca C. Fox, treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-2000
Date

407
425-5446
Daytime Phone # 10

CR2E037 (9/99)