

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

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90134 015 ****61.25

DOCUMENT # N96000001789

1. Entity Name

CHATHAM WOODS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

5507 CHATHAM WOODS CT.
ORLANDO, FL 32808

Mailing Address

5507 CHATHAM WOODS CT.
ORLANDO, FL 32808

(407) 578-7529

2. Principal Place of Business

5537 Chatham Woods

Suite, Apt. #, etc.

ORLANDO, FL

City & State

32808

Zip

ORANGE

Country

32808

Country

ORANGE

Zip

32808

Country

ORANGE

City & State

32808

Country

ORANGE

Zip

32808

Country

ORANGE

City & State

32808

Country

ORANGE

Zip

32808

Country

ORANGE

City & State

32808

Country

ORANGE

Zip

32808

Country

ORANGE

City & State

32808

Country

ORANGE

Zip

32808

Country

ORANGE

3. Mailing Address

5537 Chatham Woods

Suite, Apt. #, etc.

ORLANDO, FL

City & State

32808

Zip

ORANGE

Country

32808

Country

ORANGE

Zip

32808

Country

ORANGE

City & State

32808

Country

ORANGE

Zip

32808

Country

ORANGE

City & State

32808

Country

ORANGE

Zip

32808

Country

ORANGE

City & State

32808

Country

ORANGE

Zip

32808

Country

ORANGE

City & State

32808

Country

ORANGE

Zip

32808

Country

ORANGE



CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

Name

CYRIL CLARKE

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

5537 CHATHAM WOODS COURT

ORLANDO

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Cyril Clarke

(NOTE: Registered Agent signature required when reinstating)

DATE

7/18/03

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	PD	<input checked="" type="checkbox"/> Delete
NAME	TANNER, TRIS	
STREET ADDRESS	5507 CHATHAM WOODS COURT	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOUSE, JON	
STREET ADDRESS	5524 CHATHAM WOODS COURT	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JACKSON, CARY	
STREET ADDRESS	5536 CHATHAM WOODS CT	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RAMSEY, JENNIFER	
STREET ADDRESS	5555 CHATHAM WOODS COURT	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	RILEY, PATRICE	
STREET ADDRESS	5506 CHATHAM WOODS CT	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKE, CYRIL	
STREET ADDRESS	5537 CHATHAM WOODS CT	
CITY-ST-ZIP	ORLANDO, FL. 32808	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDISTER, TONY	
STREET ADDRESS	5542, CHATHAM WOODS CT	
CITY-ST-ZIP	ORLANDO, FL. 32808	
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, CARY	
STREET ADDRESS	5536, CHATHAM WOODS CT	
CITY-ST-ZIP	ORLANDO, FL. 32808.	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, CARY	
STREET ADDRESS	5536, CHATHAM WOODS CT	
CITY-ST-ZIP	ORLANDO, FL. 32808	
TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITEHEAD, MAURILEEN	
STREET ADDRESS	5531, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/03 467296-8051

Date

Daytime Phone #

CR2E037 (4/03)