

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

0011365

**DOCUMENT # N97000000138**

1. Entity Name

**COURTLEA OAKS HOMEOWNERS ASSOCIATION, INC.**

04-03-2002 90201 032 \*\*\*\*61.25

Principal Place of Business <b>444 W NEW ENGLAND AVENUE SUITE B WINTER PARK FL 32789</b>	Mailing Address <b>444 W NEW ENGLAND AVENUE SUITE B WINTER PARK FL 32789</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3576017</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**BRADFORD, M. WADE  
323 COURTLEA OAKS BLVD  
WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

Name **BRETT M. JORDAN**

Street Address (P.O. Box Number is Not Acceptable)  
**444 W. NEW ENGLAND, SUITE B**

City **WINTER PARK** FL Zip Code **32789**

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 **BRETT M. JORDAN** 3/17/02

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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRADFORD, M W</b>	
STREET ADDRESS	<b>111 MERICAM CT</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34777</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MARTIN, MITCH</b>	
STREET ADDRESS	<b>466 FOREST HAVEN DRIVE</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CASTS, GREGORY</b>	
STREET ADDRESS	<b>451 SPANISH WELLS CT</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MEYER, BILL</b>	
STREET ADDRESS	<b>386 FORSET HAVEN DRIVE</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>SPEARS, ROY</b>	
STREET ADDRESS	<b>760 FOREST HAVEN DRIVE</b>	
CITY-ST-ZIP	<b>WINTER GARDEN FL 34787</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rivera, Rafael</b>	
STREET ADDRESS	<b>211 Trail Bridge Ct.</b>	
CITY-ST-ZIP	<b>Winter Garden, FL 34787</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ellsworth, John</b>	
STREET ADDRESS	<b>412 Courtlea Oaks Blvd.</b>	
CITY-ST-ZIP	<b>Winter Garden, FL 34787</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRIMES, STEVEN</b>	
STREET ADDRESS	<b>464 Forest Haven Dr.</b>	
CITY-ST-ZIP	<b>Winter Garden, FL 34787</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEYER, BILL</b>	
STREET ADDRESS	<b>326 Forest Haven Dr.</b>	
CITY-ST-ZIP	<b>Winter Garden, FL 34787</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Sanford, Carl</b>	
STREET ADDRESS	<b>308 Forest Haven Dr.</b>	
CITY-ST-ZIP	<b>Winter Garden, FL 34787</b>	
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** 3/24/02 (407) 392-6112

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)