

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90010 021 \*\*\*\*61.25

**DOCUMENT # N97000002516**

1. Entity Name  
**CHERRYWOOD ESTATES HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business 125 N.E. FIRST AVENUE.. STE 1 OCALA FL 34470	Mailing Address 125 N.E. FIRST AVENUE.. STE 1 OCALA FL 34470
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2714148</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**HAINES, TIM D**  
**125 N.E. FIRST AVENUE., STE 1**  
**OCALA FL 34470**

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

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 \_\_\_\_\_  
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DELAURENTIS, ALBERT F</b>		NAME	<b>AUGIE LOEHLEIN</b>	
STREET ADDRESS	<b>6239 S.W. 98TH LOOP</b>		STREET ADDRESS	<b>9833 SW 61ST COURT</b>	
CITY-ST-ZIP	<b>OCALA FL 34476</b>		CITY-ST-ZIP	<b>OCALA, FL 34476</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PILLADO, JOE</b>		NAME	<b>AL DELAURENTIS</b>	
STREET ADDRESS	<b>10031 S.W. 62ND COURT</b>		STREET ADDRESS	<b>6239 SW 98TH LOOP</b>	
CITY-ST-ZIP	<b>OCALA FL 34476</b>		CITY-ST-ZIP	<b>OCALA, FL 34476</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SPANGENBERG, WILLIAM</b>		NAME	<b>JOE DEMBOSKI</b>	
STREET ADDRESS	<b>6178 S.W. 100TH LOOP</b>		STREET ADDRESS	<b>9989 SW 59TH CIRCLE</b>	
CITY-ST-ZIP	<b>OCALA FL 34476</b>		CITY-ST-ZIP	<b>OCALA, FL 34476</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Augusta Lohle* **WIRED** **4-29-02 352-291-2510**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)