

# 2000 UNIFORM BUSINESS REPORT (UBR)

5/12/00-90057-029-\$61.25-\$61.25

DOCUMENT # N98000005015

1. Entity Name

BROOKEHAVEN AT WATERFORD HOMEOWNERS ASSOCIATION,

Principal Place of Business

1416 CONCORD STREET EAST  
ORLANDO FL 32803

Mailing Address

P.O. BOX 531010  
ORLANDO FL 32853-1010

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

THE MELROSE MGMT. GROUP  
1416 CONCORD STREET EAST  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

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

City

The Melrose Corporation

1416 Concord St. E.

Orlando

FL

Zip Code

32803

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

TITLE D ☒ Delete  
NAME KNIGHT, PATRICK J  
STREET ADDRESS 385 DOUGLAS AVENUE, STE. 2000  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D ☒ Delete  
NAME SMITH, RALPH JR  
STREET ADDRESS 385 DOUGLAS AVENUE, STE. 2000  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE D ☒ Delete  
NAME MATTHAI, KAROLNE  
STREET ADDRESS 385 DOUGLAS AVENUE, STE. 2000  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☒ Change ☐ Addition  
NAME miles, Phil  
STREET ADDRESS 385 Douglas Ave, Ste 2000  
CITY-ST-ZIP Altamonte Springs, FL 32714

TITLE VP ☒ Change ☐ Addition  
NAME Makransky, James  
STREET ADDRESS SAME AS ABOVE  
CITY-ST-ZIP

TITLE ST ☒ Change ☐ Addition  
NAME Stapleton, Kirstin  
STREET ADDRESS Same as Above  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: JEW. Makransky/

4/28/00

(407)661-2174

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 JUN -9 PM 1:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

59-3578375

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required