

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-24-2002 91340 034 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005015

1. Entity Name

BROOKEHAVEN AT WATERFORD HOMEOWNERS ASSOCIATION, INC.

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.
1813 N. DEAN RD, Suite 103
ORLANDO, FL 32817

3. Mailing Address

Suite, Apt. #, etc.
1813 N. DEAN RD, Suite 103
ORLANDO, FL 32817

MGR 7/1/02

DATE

TRANS # 71400

POSTED

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3578375

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THE MELROSE CORPORATION
1416 CONCORD STREET EAST
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name LAWRENCE, SHEELER

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

40 PENN. FIRST MANAGEMENT, INC.

1813 N. DEAN RD, STE. 103

City ORLANDO

FL

Zip Code

32817

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

6/29/02

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HALL, GEORGE	542 HARDWOOD CIRCLE	ORLANDO FL 32828	<input type="checkbox"/>
S/T	MITCHELL, JAMES	740 HARDWOOD CIRCLE	ORLANDO FL 32828	<input checked="" type="checkbox"/>
D	FIRMINT, LYNN	569 HARDWOOD CIRCLE	ORLANDO FL 32828	<input type="checkbox"/>
D	KEENER, TAMARA	548 HARDWOOD CIRCLE	ORLANDO FL 32828	<input type="checkbox"/>
D	EGGERT, MICHAEL	553 HARDWOOD CIRCLE	ORLANDO FL 32828	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
I				<input type="checkbox"/>
P				<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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:

Lynn E Firmint
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/29/02 407.823.7476