

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005588

1. Entity Name

WINTERMERE POINTE HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90338 031 ****61.25

Principal Place of Business

2180 W. SR 434
SUITE 5000
LONGWOOD FL 32779-5044

Mailing Address

2180 W. SR 434
SUITE 5000
LONGWOOD FL 32779-5044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3550243

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EARLEY, THORPE J
337 N FERNCREEK AVE STE 890
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name
HART JAMES W. JR.

Street Address (P.O. Box Number is Not Acceptable)
SENTRY MANAGEMENT, INC.

2180 W SR 434 STE 5000

City
LONGWOOD

FL

Zip Code
32779-5044

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

1/25/01

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 PD
NAME EARLEY, THORPE
STREET ADDRESS 337 FERNCREEK AVE
CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

TITLE VD
NAME EARLEY, HUBERT
STREET ADDRESS 337 N FERNCREEK AVE
CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

TITLE TD
NAME EARLEY, CLAY
STREET ADDRESS 337 N FERNCREEK AVE
CITY-ST-ZIP ORLANDO FL 32810 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/01

407 898-0023

Date

Daytime Phone #

CR2E037 (10/00)