

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08246

**FILED**  
**Mar 05, 2015**  
**Secretary of State**  
**CC4073816116**

**Entity Name:** 3485 PLACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

421 GOLD MEDAL COURT  
LONGWOOD, FL 32750

**Current Mailing Address:**

421 GOLD MEDAL COURT  
LONGWOOD, FL 32750 US

**FEI Number:** 59-2712742

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHAMBERS, JACQUELINE J  
4101 LAKE MIRA DRIVE  
ORLANDO, FL 32817 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name JORGENSEN, PHILIP D.  
Address 128 PARSONS ROAD  
City-State-Zip: LONGWOOD FL 32750

Title STD  
Name CHAMBERS, JACQUELINE J  
Address 4101 LAKE MIRA DRIVE  
City-State-Zip: ORLANDO FL 32817

Title D  
Name CHAMBERS JR., WARREN C.  
Address 4101 LAKE MIRA DRIVE  
City-State-Zip: ORLANDO FL 32817

Title VP  
Name MALLARD, CATHLEEN E  
Address 3485 SO. ATLANTIC AVENUE, 2S  
City-State-Zip: COCOA BEACH FL 32817

Title D  
Name JARNAGIN, PAT  
Address 11632 NW 142ND AVENUE  
City-State-Zip: POLK CITY IA 50226

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JACQUELINE J. CHAMBERS

**SEC./TREAS.**

**03/05/2015**

Electronic Signature of Signing Officer/Director Detail

Date