

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90076 039 \*\*\*\*61.25

**DOCUMENT # 715690**

1. Entity Name

**SPRING LAKE VILLAS NO. 3 ASSOCIATION, INC.**

Principal Place of Business

4250 NW 1ST TERRACE  
 POMPANO BEACH FL 33064  
 US

Mailing Address

4451 NW 1ST TERR  
 POMPANO BCH FL 33064-2509  
 US

2. Principal Place of Business

**4331 NW 1ST TERRACE**

Suite, Apt. #, etc.

3. Mailing Address

**4331 NW 1ST TERRACE**

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**POMPANO BEACH FL**

City & State

**POMPANO BEACH FL**

4. FEI Number

**59-1779398**

Applied For

Not Applicable

Zip

**33064**

Country

**BROWARD**

Zip

**33064**

Country

**BROWARD**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SHERMAN, MARY**  
**4331 NW 1ST TERRACE**  
**POMPANO BCH FL 33064**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DECHRISTINA, JOSEPH	
STREET ADDRESS	4491 NW 1ST TERRACE	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CLAYTON, ANNA J	
STREET ADDRESS	4305 NW 1ST TERRACE	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SHERMAN, MARY	
STREET ADDRESS	4331 NW 1ST TERRACE	
CITY-ST-ZIP	POMPANO BCH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CATHERINE BARNARD	
STREET ADDRESS	4305 NW 1ST TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALMA FITZGERALD	
STREET ADDRESS	4206 NW 1ST TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAROL STEPHENS	
STREET ADDRESS	4451 NW 1ST TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Mary Sherman **Treasurer / Director**      3-10-00      954-785-2803  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/99)