

**2002 UNIFORM BUSINESS REPORT (UBR)**

5/2

**FILED**  
**Jun 23, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91697 011 \*\*\*\*61.25

**DOCUMENT # 715690**

1. Entity Name

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

Principal Place of Business

Mailing Address

4331 NW 1ST TERRACE  
 POMPANO BEACH FL 33064  
 US

4331 NW 1ST TERRACE  
 POMPANO BEACH FL 33064  
 US

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

**59-1779398**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: PD  
 NAME: BARNARD, CATHERINE  
 STREET ADDRESS: 4305 NW 1ST TERR  
 CITY-ST-ZIP: POMPANO BCH FL 33064  
 Delete

TITLE: *VP*  
 NAME: *STEPHANIE FAZIO*  
 STREET ADDRESS: *4301 NW 1st TER*  
 CITY-ST-ZIP: *POMPANO BCH FL 33064*  
 Change  Addition

TITLE: TD  
 NAME: SHERMAN, MARY  
 STREET ADDRESS: 4331 NW 1ST TERRACE  
 CITY-ST-ZIP: POMPANO BCH FL 33064  
 Delete

TITLE: *PHM/D*  
 NAME: *IN Audrey JOHNSON*  
 STREET ADDRESS: *4351 NW 1st TER*  
 CITY-ST-ZIP: *POMPANO BCH FL 33064*  
 Change  Addition

TITLE: SD  
 NAME: STEPHENS, CAROL  
 STREET ADDRESS: 4451 NW FIRST TERR  
 CITY-ST-ZIP: POMPANO BEACH FL 33064  
 Delete

TITLE: *IN*  
 NAME: *Audrey JOHNSON*  
 STREET ADDRESS: *4351 NW 1st TER*  
 CITY-ST-ZIP: *POMPANO BCH FL 33064*  
 Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  Change  Addition

TITLE:  Delete

TITLE:  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 all other like empowered.

SIGNATURE:

*Mary Sherman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/02 954-785-8803*  
 Date Daytime Phone #

CR2E037 (9/01)