

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 23, 2000 8:00 am**  
**Secretary of State**

03-23-2000 90017 043 \*\*\*\*61.25

**DOCUMENT # 725510**

1. Entity Name

**SPRING MEADOW ASSOCIATION, INC.**

**628858**



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| Principal Place of Business<br>1000 SPRING MEADOW DR<br>KISSIMMEE FL 34741-3236 | Mailing Address<br>1000 SPRING MEADOW DR<br>KISSIMMEE FL 34741-3233 |
|---|---|

|  |  |         |         |
|--|--|---------|---------|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip | Country | Country |
|--|--|---------|---------|

|   |  |
|---|--|
| 4. FEI Number<br><b>59-1952153</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

**SELLER, FRANCES F.**  
**1116 SPRING MEADOW DR.**  
**KISSIMMEE FL 32741**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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<br><b>D</b>                               | NAME<br><b>CASWELL, KAREN</b>      | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS<br><b>1104 SPRING MEADOW DR.</b> |                                    |  |
| CITY-ST-ZIP<br><b>KISSIMMEE FL 34741</b>        |                                    |  |
| TITLE<br><b>PD</b>                              | NAME<br><b>HIMMERL JR, LEO J</b>   | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br><b>1133 SPRING MEADOW DR</b>  |                                    |  |
| CITY-ST-ZIP<br><b>KISSIMMEE FL</b>              |                                    |  |
| TITLE<br><b>TD</b>                              | NAME<br><b>WARDEN, ROBERTA S.</b>  | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br><b>27 LIND AVE</b>            |                                    |  |
| CITY-ST-ZIP<br><b>KISSIMMEE, FL 00000 34744</b> |                                    |  |
| TITLE<br><b>D</b>                               | NAME<br><b>MILLER, SHIRLEY</b>     | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br><b>1015 SPRING MEADOW DR</b>  |                                    |  |
| CITY-ST-ZIP<br><b>KISSIMMEE FL</b>              |                                    |  |
| TITLE<br><b>VD</b>                              | NAME<br><b>SELLERS, FRANCES F.</b> | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br><b>1116 SPRING MEADOW DR</b>  |                                    |  |
| CITY-ST-ZIP<br><b>KISSIMMEE FL</b>              |                                    |  |
| TITLE<br><b>SD</b>                              | NAME<br><b>MIESEMER, THOMAS M</b>  | <input type="checkbox"/> Delete            |
| STREET ADDRESS<br><b>1024 SPRING MEADOW DR.</b> |                                    |  |
| CITY-ST-ZIP<br><b>KISSIMMEE FL 34741</b>        |                                    |  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                |  |
|---|--------------------------------|--|
| TITLE<br><b>SD</b>                                    | NAME<br><b>Buhone, Deborah</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS<br><b>1028 Spring Meadow Dr.</b>       |                                |  |
| CITY-ST-ZIP<br><b>Kissimmee, FL, 34741</b>            |                                |  |
| TITLE<br><b>D</b>                                     | NAME                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS  |                                |  |
| CITY-ST-ZIP   |                                |  |
| TITLE<br><b>TD</b>                                    | NAME                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS  |                                |  |
| CITY-ST-ZIP   |                                |  |
| TITLE<br><b>VD</b>                                    | NAME                           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: Frances F. Sellers 3-20-2000 407-846-0819

725510

628858

Spring Meadow Association Inc.  
1000 Spring Meadow Drive  
Kissimmee, Fl 34741-3236

2000 Uniform Business Report  
Document #725510

ADDITIONAL DIRECTORS

#11

---

|         |                        |                                     |
|---------|------------------------|-------------------------------------|
| TITLE   | D                      | <input checked="" type="checkbox"/> |
| NAME    | Linda Parslow          | ADDITION                            |
| ADDRESS | 1012 SPRING MEADOW DR. |                                     |
| CITY    | KISSIMMEE, STATE FL,   | ZIP 34741                           |