

2001 UNIFORM BUSINESS REPORT (UBR)

1/16

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-16-2001 90073 041 ****70.00

DOCUMENT # 725510
 1. Entity Name
SPRING MEADOW ASSOCIATION, INC.

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|---|---|
| Principal Place of Business 1000 SPRING MEADOW DR KISSIMMEE FL 34741-3236 | Mailing Address 1000 SPRING MEADOW DR KISSIMMEE FL 34741-3236 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

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|--------------|--------------|------------------------------------|--|
| City & State | City & State | 4. FEI Number 59-1952153 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |



DO NOT WRITE IN THIS SPACE

8. 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 **Thomas M. Miesemer**
 Street Address (P.O. Box Number is Not Acceptable)
1024 Spring Meadow Dr
 City **Kissimmee** FL Zip Code **34741**

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 Thomas M. Miesemer **Thomas M. Miesemer - Secretary** 1/5/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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| FILE NOW: FEE IS \$61.25 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME SD BULONE, DEBORAH STREET ADDRESS 1028 SPRING MEADOW DR CITY-ST-ZIP KISSIMMEE FL 34741 | <input type="checkbox"/> Delete | TITLE NAME SD Secretary Thomas M. Miesemer STREET ADDRESS 1024 Spring Meadow Dr CITY-ST-ZIP Kissimmee FL 34741 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME PD HIMMERL JR, LEO J STREET ADDRESS 1133 SPRING MEADOW DR CITY-ST-ZIP KISSIMMEE FL | <input checked="" type="checkbox"/> Delete | TITLE NAME PD President Linda Burnworth STREET ADDRESS 1012 Spring Meadow Dr CITY-ST-ZIP Kissimmee FL 34741 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME D WARDEN, ROBERTA S. STREET ADDRESS 27 LIND AVE CITY-ST-ZIP KISSIMMEE FL 34744 | <input checked="" type="checkbox"/> Delete | TITLE NAME D Assistant Secretary Tracey Webb STREET ADDRESS 1011 Spring Meadow Dr CITY-ST-ZIP Kissimmee FL 34741 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME D MILLER, SHIRLEY STREET ADDRESS 1015 SPRING MEADOW DR CITY-ST-ZIP KISSIMMEE FL | <input checked="" type="checkbox"/> Delete | TITLE NAME D Board member Joseph H. Lusardi STREET ADDRESS 1107 Spring Meadow Dr CITY-ST-ZIP Kissimmee FL 34741 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME TD SELLERS, FRANCES F. STREET ADDRESS 1116 SPRING MEADOW DR CITY-ST-ZIP KISSIMMEE FL | <input checked="" type="checkbox"/> Delete | TITLE NAME TD Treasurer Thomas Bulone STREET ADDRESS 1028 Spring Meadow Dr CITY-ST-ZIP Kissimmee FL 34741 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME VD MIESEMER, THOMAS M STREET ADDRESS 1024 SPRING MEADOW DR. CITY-ST-ZIP KISSIMMEE FL 34741 | <input checked="" type="checkbox"/> Delete | TITLE NAME VD Vice-President Willis Austin STREET ADDRESS 1471 Riviera Dr. CITY-ST-ZIP Kissimmee FL 34741 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Thomas M. Miesemer **Thomas M. Miesemer - Sec.** 1/5/01 407-931-3531
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)