

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90214 009 ****61.25

DOCUMENT # 726559

1. Entity Name

SPRING OAKS HOMEOWNERS ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

~~606 GREENBRIAR AVE~~
~~ALTAMONTE SPRINGS FL 32714~~
~~US~~

P.O. BOX 160232
 ALTAMONTE SPRINGS FL 32716-0232
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

727 LITTLE WEKIVA CIRC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ALTAMONTE SPRINGS, FL

City & State

4. FEI Number

59-3454361

Applied For

Not Applicable

Zip

32714

Country

U.S.

Zip

Country

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

~~SABULSKY, SCOTT~~
~~606 GREENBRIAR AVE~~
~~ALTAMONTE SPRINGS FL 32714~~

Name **C. DAVID BLACKWELL**

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

727 LITTLE WEKIVA CIRCLE

City **ALTAMONTE SPRINGS, FL** Zip Code **32714**

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 *C. David Blackwell*

C. DAVID BLACKWELL, PRES.

1/11/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$0

\$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	D	<input checked="" type="checkbox"/> Delete
NAME	KAUFFMAN, JOHN E	
STREET ADDRESS	626 MOCKINGBIRD LANE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KINTNER, HOWARD BRITT	
STREET ADDRESS	512 TEAKWOOD AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	P	<input type="checkbox"/> Delete
NAME	SABULSKY, SCOTT	
STREET ADDRESS	606 GREENBRIAR AVENUE	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	T	<input type="checkbox"/> Delete
NAME	WELCH, LORRAINE	
STREET ADDRESS	605 APPLEWOOD AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLACKWELL, DAVID	
STREET ADDRESS	513 GREEN BRIAR BLVD	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LARRY, GILBREATH	
STREET ADDRESS	606 COLBY CT	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUNN, CARL	
STREET ADDRESS	605 ASHBERY LN.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOTE, GAIL	
STREET ADDRESS	513 GREENBRIAR BLVD.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABULSKY, SCOTT	
STREET ADDRESS	606 GREENBRIAR AVE.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACKWELL, DAVID	
STREET ADDRESS	727 LITTLE WEKIVA CIRC.	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GALBREATH, NANCY	
STREET ADDRESS	606 COLBY CT	
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714	

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:

C. David Blackwell

REG. DAVID BLACKWELL

1/11/00

407-714-4755

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)