

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90002 003 ****61.25

DOCUMENT # 726559

1. Entity Name

SPRING OAKS HOMEOWNERS ASSOCIATION, INCORPORATED

Principal Place of Business

**727 LITTLE WEKIVA CIRCLE
 ALTAMONTE SPRINGS FL 32714
 US**

Mailing Address

**P.O. BOX 160232
 ALTAMONTE SPRINGS FL 32716
 US**



A0078018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3454361

Applied For

Not Applicable

Zip

Country

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

Name

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

City

FL

Zip Code

**BLACKWELL, DAVID C
 727 LITTLE WEKIVA CIRCLE
 ALTAMONTE SPRINGS FL 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

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

After September 12, 2001, min. will be \$236.25

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 **D** ☒ Delete
 NAME **DUNN, CARL**
 STREET ADDRESS **605 ASHBERRY LN.**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☒ Change ☒ Addition
 NAME **RON FOX**
 STREET ADDRESS **605 PRAIRIE LA.**
 CITY-ST-ZIP **ALT SPRINGS FL 32714**

TITLE **S** ☐ Delete
 NAME **FOTE, GAIL**
 STREET ADDRESS **513 GREENBRIAR BLVD**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☒ Delete
 NAME **SABULSKY, SCOTT**
 STREET ADDRESS **606 GREENBRIAR AVENUE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **V.P.** ☒ Change ☒ Addition
 NAME **SONIA LUGO**
 STREET ADDRESS **651 WILLOWOOD**
 CITY-ST-ZIP **ALT. SPRINGS, FL 32714**

TITLE **T** ☒ Delete
 NAME **WELCH, LORRAINE**
 STREET ADDRESS **605 APPLEWOOD AVE.**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **T** ☒ Change ☒ Addition
 NAME **JOSE LUGO**
 STREET ADDRESS **651 WILLOWOOD**
 CITY-ST-ZIP **ALT. SPRINGS, FL 32714**

TITLE **P** ☐ Delete
 NAME **BLACKWELL, DAVID**
 STREET ADDRESS **727 LITTLE WEKIVA CIRCLE**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **GALBREATH, NANCY**
 STREET ADDRESS **606 COLBY CT**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Change ☐ 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:

[Handwritten Signature]

REQUIRED

DAVID BLACKWELL

7/11/01

407-774-4755

CR2E037 (5/01)