

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2002 8:00 am**  
**Secretary of State**

03-22-2002 90046 005 \*\*\*\*61.25

**DOCUMENT # 726559**

1. Entity Name  
**SPRING OAKS HOMEOWNERS ASSOCIATION, INCORPORATED**

Principal Place of Business      Mailing Address  
 727 LITTLE WEKIVA CIRCLE      P.O. BOX 160232  
 ALTAMONTE SPRINGS FL 32714      ALTAMONTE SPRINGS FL 32716  
 US      US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**620 ORCHID LANE**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
**ALTAMONTE SPRINGS, FL**

City & State

Zip  
**32714**

Country  
**US**

4. FEI Number  
**59-3454361**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BLACKWELL, DAVID C**  
 727 LITTLE WEKIVA CIRCLE  
 ALTAMONTE SPRINGS FL 32714

7. Name and Address of New Registered Agent

Name  
**W. LAMAR SMITH**

Street Address (P.O. Box Number is Not Acceptable)  
**620 ORCHID LANE**

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: *[Signature]* **W. LAMAR SMITH**  
*[Signature]* **C. DAVID BLACKWELL**      *[Signature]* **W. Lamar Smith**      **1/08/02**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>FOX, RON</b> <b>605 PRAIRIE LANE</b> <b>ALTAMONTE SPRINGS FL 32714</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>FOTE, GAIL</b> <b>513 GREENBRIAR BLVD</b> <b>ALTAMONTE SPRINGS FL 32714</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LUGO, SONIA</b> <b>651 WILLOWOOD</b> <b>ALTAMONTE SPRINGS FL 32714</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LUGO, JOSE</b> <b>605 APPLEWOOD AVE.</b> <b>ALTAMONTE SPRINGS FL 32714</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BLACKWELL, DAVID</b> <b>727 LITTLE WEKIVA CIRCLE</b> <b>ALTAMONTE SPRINGS FL 32714</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GALBREATH, NANCY</b> <b>606 COLBY CT</b> <b>ALTAMONTE SPRINGS FL 32714</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Scott Sabulsky</b> <b>606 Green Briar Blvd</b> <b>Altamonte Springs, FL 32714</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LYDIA-DEVIA</b> <b>521 OAKCREST ST.</b> <b>ALTAMONTE SPRINGS FL 32714</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>HEATHER ELLS</b> <b>519 SPRING OAK BLVD.</b> <b>ALTAMONTE SPRINGS, FL 32714</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>W. LAMAR SMITH</b> <b>620 ORCHID LANE</b> <b>ALTAMONTE SPRINGS, FL 32714</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Nancy Gilbreath</b>	<input checked="" type="checkbox"/> Change <input 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: *[Signature]* **W. LAMAR SMITH, P.**      **1/08/02**      **407.862.0522**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)