

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90170 001 \*\*\*\*61.25

**DOCUMENT # 726559**

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



Principal Place of Business  
**620 ORCHID LANE  
ALTAMONTE SPRINGS FL 32714  
US**

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

**22002924**



CHECK HERE IF MAKING CHANGES

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

**SMITH, W L  
620 ORCHID LANE  
ALTAMONTE SPRINGS FL 32714**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *William L Smith* **W LAMAR SMITH** **2/3/02**  
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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SABULSKY, SCOTT</b>	
STREET ADDRESS	<b>606 GREEN BRIAR BLVD</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>FOTE, GAIL</b>	
STREET ADDRESS	<b>513 GREENBRIAR BLVD</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LYDIA, DEVIA</b>	
STREET ADDRESS	<b>521 OAKCREST ST.</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ELLIS, HEATHER</b>	
STREET ADDRESS	<b>519 SPRING OAK BLVD.</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, W L</b>	
STREET ADDRESS	<b>620 ORCHID LANE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GILBREATH, NANCY</b>	
STREET ADDRESS	<b>606 COLBY CT</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WILLIAM SCAGGS</b>	
STREET ADDRESS	<b>521 BALSAMWOOD</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAVIS LAMONT-BARTHWAITE</b>	
STREET ADDRESS	<b>608 S PLACWOOD CIRCLE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DORRAINE WELCH</b>	
STREET ADDRESS	<b>605 APPLEWOOD AVE</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPR FL 32714</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CYNTHIA LEE</b>	
STREET ADDRESS	<b>635 WOODLAND ST</b>	
CITY-ST-ZIP	<b>ALTAMONTE SPRINGS FL 32714</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *William L Smith* **W LAMAR SMITH** **2/3/02** **407-802-0522**

CR2E037 (10/02)