

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90095 050 \*\*\*\*61.25

**DOCUMENT # 730672**

1. Entity Name  
**SPRUCE CREEK PROPERTY OWNER'S ASSOCIATION, INC.**

Principal Place of Business <b>100 CESSINA BLVD          SUITE A          DAYTONA BEACH FL 32124          US</b>	Mailing Address <b>100 CESSINA BLVD          SUITE A          DAYTONA BEACH FL 32124-6933          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>23-742285</b>		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BAUMANN, KARLA L, MNGR          100 CESSINA BLVD STE B          DAYTONA BEACH FL 32124</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		<b>FL</b>	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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	<b>SDx VP/D</b>	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WAHL, LORRAINE</b>		NAME	<b>Arthur Patstone</b>	
STREET ADDRESS	<b>1805 WRIGHT DR</b>		STREET ADDRESS	<b>2548 Cross Country Dr.</b>	
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32124</b>		CITY-ST-ZIP	<b>Daytona Beach, FL 32124</b>	
TITLE	<b>TD SCHMIDT</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHEIDT, GUY</b>		NAME		
STREET ADDRESS	<b>1914 SECLUSION DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32124</b>		CITY-ST-ZIP		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>OTTE, RICHARD</b>		NAME		
STREET ADDRESS	<b>1874 SILVER FERN DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32124</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KELSO, RICHARD</b>		NAME		
STREET ADDRESS	<b>3163 ROYAL BIRKDALE WAY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32124</b>		CITY-ST-ZIP		
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, DAVID</b>		NAME		
STREET ADDRESS	<b>34 LAZY 8TH DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>		CITY-ST-ZIP		
TITLE	<b>W.G. Watts S/D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>1869 Seclusion Drive</b>		NAME		
STREET ADDRESS	<b>Daytona Beach, FL 32124</b>		STREET ADDRESS		
CITY-ST-ZIP			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: **SIGNATURE REQUIRED** *President* **2-8-00** (904) **760-5884**

CR2E037 (9/99)