

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90166 004 \*\*\*\*61.25

**DOCUMENT # 736533**

1. Entity Name

**THE VILLAS AT SIGNAL HILL PROPERTY OWNERS ASSOCI**

Principal Place of Business

Mailing Address

BOX 547353  
 ORLANDO FL 32854-7353

BOX 547353  
 ORLANDO FL 32854-7353

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3166822**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BORKOWSKI, ELAINE**  
**4522 WATCH HILL RD.**  
**ORLANDO FL 32808**

7. Name and Address of New Registered Agent

Name **Bernie Paulus**  
 Street Address (P.O. Box Number is Not Acceptable) **4509 Three Lakes Circle**  
 City **Orlando** FL Zip Code **32808-2027**

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 *Bernie Paulus*  
**Bernie Paulus**

**April 1, 2000**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILDER, HENDERSON 235 E. BAHAMA RD. WINTER SPRINGS FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BORKOWSKI, ELAINE 4522 WATCH HILL RD. ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOUNG, KENNETH 4676 WATCH HILL RD. ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVERS, P. JANE 4788 LIGHTHOUSE COURT ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, BETTY J 4525 THREE LAKES CIRCLE ORLANDO FL 32808	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, RUSTY 4655 BOCA VISTA COURT ORLANDO FL 32808	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>WILDER, HENDERSON</del> BERNIE PAULUS 4509 THREE LAKES CIRCLE ORLANDO, FL 32808	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <del>BORKOWSKI, ELAINE</del> BORKOWSKI, ELAINE 4522 Watch Hill Rd. Orlando, Fl. 32808	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YOUNG KENNETH 4676 WATCH HILL RD. ORLANDO, FL. 32808	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BUSTINZA MARY 4709 WATCH HILL CT. ORLANDO, FL. 32808	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROOKS, BETTY J. 4525 Three Lakes Circle Orlando, Fl. 32808	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKSON, RUSTY 4655 Boca Vista Ct. Orlando, Fl. 32808	<input 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: *Bernie Paulus* **BERNIE PAULUS, PRESIDENT**

**APRIL 3, 2000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRE037 (9/99)