

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90020 028 ****61.25

DOCUMENT # 736533

1. Entity Name

THE VILLAS AT SIGNAL HILL PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 607124
 ORLANDO FL 32860-7124

P.O. BOX 607124
 ORLANDO FL 32860-7124

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

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

7. Name and Address of New Registered Agent

PAULUS, BERNIE
4509 THREE LAKES CIRCLE
ORLANDO FL 32808-2027

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.

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

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	PD	<input type="checkbox"/> Delete
NAME	PAULUS, BERNIE	
STREET ADDRESS	4509 THREE LAKES CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORKOWSKI, ELAINE	
STREET ADDRESS	4522 WATCH HILL RD.	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, JOAN	
STREET ADDRESS	4719 CARTEGENA COURT	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BUSTINZA, MARY	
STREET ADDRESS	4709 WATCH HILL CT	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKS, BETTY J	
STREET ADDRESS	4525 THREE LAKES CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, RUSTY	
STREET ADDRESS	4655 BOCA VISTA COURT	
CITY-ST-ZIP	ORLANDO FL 32808	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZORaida Cruz	
STREET ADDRESS	4504 Three Lakes Circle	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee Buchanan	
STREET ADDRESS	4519 Three Lakes Circle	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bromiok-Montoya	
STREET ADDRESS	4675 Watch Hill Rd	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(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, but not otherwise empowered.

SIGNATURE: *Bernie Paulus* President

2/5/02 (402) 297-1323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)