

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90055 017 \*\*\*\*61.25

0021500

**DOCUMENT # 737880**

1. Entity Name

**BARCLAY WOODS HOMEOWNERS ASSOC., INC.**

Principal Place of Business

Mailing Address

**417 BARCLAY AVE  
 ALTAMONTE SPRINGS FL 32701  
 US**

**417 BARCLAY AVE  
 ALTAMONTE SPRINGS FL 32701  
 US**

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

**59-175 1099**

Applied For

Not Applicable

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

**SNYDER, DIANE  
 417 BARCLAY AVE  
 ALTAMONTE SPRINGS FL 32701**

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           | MAJEWSKI, WILLIAM          |                                 |
| STREET ADDRESS | 412 BROADVIEW AVE          |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL       |                                 |
| TITLE          | VD                         | <input type="checkbox"/> Delete |
| NAME           | ERVIN, ROBERT              |                                 |
| STREET ADDRESS | 419 BARCLAY AVE            |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL       |                                 |
| TITLE          | SD                         | <input type="checkbox"/> Delete |
| NAME           | LONG, KATHY                |                                 |
| STREET ADDRESS | 511 ARVERN CT              |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRGS FL         |                                 |
| TITLE          | TD                         | <input type="checkbox"/> Delete |
| NAME           | SNYDER, DIANE              |                                 |
| STREET ADDRESS | 417 BARCLAY AVE            |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32701 |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | SNYDER, DIANE              |                                 |
| STREET ADDRESS | 417 BARCLAY AVE            |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL       |                                 |
| TITLE          | D                          | <input type="checkbox"/> Delete |
| NAME           | STOVER, ROGER              |                                 |
| STREET ADDRESS | 513 ARVERN CT              |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL       |                                 |

|                |   |
|----------------|---|
| 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    |   |
| 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    |   |
| 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, with all other like empowered.

SIGNATURE: Diane Snyder  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-01-01 (407) 834-3740  
 Date Daytime Phone #

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE