

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90025 025 ****61.25

DOCUMENT # 740854

1. Entity Name

SPENCER LAKES PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O ASSOC. PROP. MANAGE. OF PALM BCHES
 400 SOUTH DIXIE HIGHWAY, SUITE 10
 LAKE WORTH FL 33460

C/O ASSOC. PROP. MANAGE. OF PALM BCHES
 400 SOUTH DIXIE HIGHWAY, SUITE 10
 LAKE WORTH FL 33460-4455

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2352260

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

ASSOCIATED PROPERTY MANAGEMENT
400 SOUTH DIXIE HIGHWAY
SUITE 10
LAKE WORTH FL 33460

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	TD	<input type="checkbox"/> Delete
NAME	BAYS, ROY JR	
STREET ADDRESS	3904 SHELLY ROAD S	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	RD	<input type="checkbox"/> Delete
NAME	ROBINSON, ISAAC J	
STREET ADDRESS	3905 SHELLY ROAD NORTH	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMAS, RONNIE	
STREET ADDRESS	4017 TEMPLE STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanley Woods	
STREET ADDRESS	3809 Heath Circle South	
CITY-ST-ZIP	WPB. FL. 33407	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roy Shy	
STREET ADDRESS	4109 Shelly Road North	
CITY-ST-ZIP	WPB. FL. 33407	
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: *Ronnie Thomas* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/00

CR2E037 (9/99)