

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754582

1. Entity Name

SPANISH GATE VILLAGE ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90243 011 ****61.25

Principal Place of Business

Mailing Address

11439 ELDA LANE
PORT RICHEY FL 34668
US

11439 ELDA LANE
PORT RICHEY FL 34668-1704
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2172776

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

DINDA, JOAN
8114 BISMARK COURT
PORT RICHEY FL 34668

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

Joan Dinda

Joan Dinda

2/18/2000

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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

TITLE	IV	<input type="checkbox"/> Delete
NAME	OVERS, CAROLYN	
STREET ADDRESS	11340 WINWOOD PLACE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	AHSINGER, VICKIE	
STREET ADDRESS	8104 BISMARK COURT	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	T	<input type="checkbox"/> Delete
NAME	CORBETT, MILDRED J	
STREET ADDRESS	11439 ELDA LANE	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUTTON, HOWARD	
STREET ADDRESS	8035 BISMARK COURT	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REILLI, REN	
STREET ADDRESS	11334 STANSBERRY DR	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OVERS, CAROLYN	
STREET ADDRESS	11340 WINWOOD PL.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	Vice-PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUTTON, HOWARD	
STREET ADDRESS	8035 BISMARK CT.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	+	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dinda, Joan	
STREET ADDRESS	8114 Bismark Ct	
CITY-ST-ZIP	Port Richey FL 34668	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AHSINGER, Vickie	
STREET ADDRESS	8104 Bismark Ct	
CITY-ST-ZIP	Port Richey FL 34668	
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:

Mildred J. Corbett

2-23-2000 (827) 869-5702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)