

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90050 026 ****61.25

0052475

DOCUMENT # 756435

1. Entity Name

SPICEWOOD VILLAGE PROPERTY OWNERS' ASSOCIATION,

Principal Place of Business

**3715 GOLF ROAD
 BOYNTON BEACH FL 33436**

Mailing Address

**3715 GOLF ROAD
 BOYNTON BEACH FL 33436**

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

59-2098934

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**TENNYSON, ROD
 1801 AUSTRALIAN AVE., S
 STE 101
 W.PALM BCH. FL 33409**

7. Name and Address of New Registered Agent

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

TITLE NAME	TS TESTA, EDWARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10678 SPICEWOOD TRAIL BOYNTON BCH, FL 00000	
TITLE NAME	PD SPARLING, GEORGE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10558 SPICEWOOD TRAIL BOYNTON BCH, FL 00000	
TITLE NAME	VD HECKRODT, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10918 SPICEWOOD TRAIL BOYNTON BEACH FL	
TITLE NAME	D SCHMALZER, A.F.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	10799 SPICEWOOD TRAIL BOYNTON BEACH FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P/D ERVIN, WILLIAM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	10858 SPICEWOOD TRAIL BOYNTON BEACH, FL 33436	
TITLE NAME	VP/D CONNELLY, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	10798 SPICEWOOD TRAIL BOYNTON BEACH, FL 33436	
TITLE NAME	S/T/D SPARLING, BOBBIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	10558 SPICEWOOD TRAIL BOYNTON BEACH, FL 33436	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____

Bobbie Sparling

BOBBIE SPARLING

4/24/01

737-5100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

Date

Daytime Phone #

EXT. 503

CR2E037 (10/00)