

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90033 031 ****61.25

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1. Entity Name
SPICEWOOD VILLAGE PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
3715 GOLF ROAD 3715 GOLF ROAD
BOYNTON BEACH FL 33436 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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TENNYSON, ROD
~~1001 AUSTRALIAN AVE., S~~ 1450 Center Park Blvd.
~~STE 101~~ Suite 100
W.PALM BCH. FL-33409 West Palm Beach 33401

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	CONNELLY, ROBERT	10798 SPICEWOOD TRAIL	BOYNTON BEACH FL 33436	<input type="checkbox"/>	<input type="checkbox"/>
STD	WOLFF, BETTE	107038 SPICEWOOD TRAIL	BOYNTON BEACH FL 33436	<input type="checkbox"/>	<input type="checkbox"/>
VD	SCHMALZER, A.F	10799 SPICEWOOD TRAIL	BOYNTON BEACH FL 33436	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **REQUIRED** Bette Wolff, Secretary/Treasurer
 DATE: 4/25/03 TELEPHONE: 561-737-5100

CR2E037 (10/02)