

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 06, 2001 8:00 am**  
**Secretary of State**

07-06-2001 90200 032 \*\*\*\*61.25

**DOCUMENT # 759514**

1. Entity Name

**STURBRIDGE VILLAGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

12765 W. FOREST HILL BLVD.  
 SUITE 1302  
 WELLINGTON FL 33414  
 US

Mailing Address

12765 W. FOREST HILL BLVD  
 SUITE 1302  
 WELLINGTON FL 33414  
 US

2. Principal Place of Business

*3125 Fortune Way*

3. Mailing Address

*3125 Fortune Way*

Suite, Apt. #, etc.

*Suite 16*

Suite, Apt. #, etc.

*16*

City & State

*Wellington, FL*

City & State

*Wellington, FL*

Zip

*33414*

Country

*US*

Zip

*33414*

Country

*US*

4. FEI Number

**59-2280261**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**NELSON, MICHAEL**  
 12765 W FOREST HILL BLVD  
 STE 1302  
 WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name: *BUSINESS MANAGEMENT SERVICE*

Street Address (P.O. Box Number is Not Acceptable)

*3125 Fortune Way, Suite 16*

City *Wellington,*

**FL**

Zip Code

*33414*

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	PD	<input type="checkbox"/> Delete
NAME	HUDEX, JEANINE	
STREET ADDRESS	12765 W FOREST HILL BLVD #1302	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	TDS	<input checked="" type="checkbox"/> Delete
NAME	MELROSE, KATHY	
STREET ADDRESS	12765 W FOREST HILL BLVD, #1302	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THUSS, STEVE	
STREET ADDRESS	12765 W FOREST HILL BLVD #1302	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	NELSON, MICHAEL	
STREET ADDRESS	12765 W FORST HILL BLVD #1302	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RAY, JUANITA	
STREET ADDRESS	12765 W FOREST HILL BLVD., #1302	
CITY-ST-ZIP	WELLINGTON FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GAGE, PAM	
STREET ADDRESS	12765 W FOREST HILL BLVD., #1302	
CITY-ST-ZIP	WELLINGTON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEART, JANINE	
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:

SIGNATURE: *[Signature]*

*5/1/01*

CR2E037 (10/00)