


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

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90166 039 \*\*\*\*61.25

<b>DOCUMENT # 767943</b>					
1. Entity Name <b>HOMEOWNER'S ASSOCIATION OF SPANISH OAKS, INC.</b>					
Principal Place of Business 3150 NE 36TH AVE BOX 572 #3150 NE 36TH AVE OCALA FL 33479			Mailing Address 3150 NE 36TH AVE BOX 572 #3150 NE 36TH AVE OCALA FL 33479		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MAUTNER, HOWARD</b> 3150 N.E. 36TH AVE. LOT 168 OCALA FL 34479			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City <b>FL</b> 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 _____		Signature, typed or printed name of registered agent and title if applicable.		DATE _____	
<b>FILE NOW: FEE IS \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUMMLER, CHAD</b>		NAME	<b>LAGOOD, ORVILLE</b>	
STREET ADDRESS	<b>3150 NE 36 AVE #365</b>		STREET ADDRESS	<b>3150 NE 36 AVE #408</b>	
CITY-ST-ZIP	<b>OCALA FL 34479</b>		CITY-ST-ZIP	<b>OCALA FL 34479</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, JANET</b>		NAME	<b>BOB DAVES</b>	
STREET ADDRESS	<b>3150 NE 36TH AVE # 421</b>		STREET ADDRESS	<b>3150 NE 36 AVE.</b>	
CITY-ST-ZIP	<b>OCALA FL 34479</b>		CITY-ST-ZIP	<b>OCALA, FL 34479</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MOORE, DAVID</b>		NAME	<b>WILL, GEORGE</b>	
STREET ADDRESS	<b>3150 NE 36 AVE #550</b>		STREET ADDRESS	<b>3150 NE 36 AVE.</b>	
CITY-ST-ZIP	<b>OCALA FL 34479</b>		CITY-ST-ZIP	<b>OCALA, FL 34479</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PONS, JUDY</b>		NAME	<b>MAUTNER, HOWARD</b>	
STREET ADDRESS	<b>3150 NE 36 AVE. #330</b>		STREET ADDRESS	<b>3150 NE 36 AVE # 118</b>	
CITY-ST-ZIP	<b>OCALA FL 34479</b>		CITY-ST-ZIP	<b>OCALA, FL 34479</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOSS, BOB</b>		NAME	<b>HILL, GEORGE</b>	
STREET ADDRESS	<b>3150 NE 36 AVE. #319</b>		STREET ADDRESS	<b>3150 NE 36 AVE.</b>	
CITY-ST-ZIP	<b>OCALA FL 34479</b>		CITY-ST-ZIP	<b>OCALA, FL 34479</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HANCOCK, COLETTE</b>		NAME	<b>WILL, GEORGE</b>	
STREET ADDRESS	<b>3150 NE 36 AVE. #376</b>		STREET ADDRESS	<b>3150 NE 36 AVE.</b>	
CITY-ST-ZIP	<b>OCALA FL 34479</b>		CITY-ST-ZIP	<b>OCALA, FL 34479</b>	
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: <u><i>Judy Pons</i></u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>1/19/03</u> Daytime Phone #: <u>352-368-2270</u>	

CRE037 (10/02)