

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90076 035 \*\*\*\*61.25

**DOCUMENT # 770664**

1. Entity Name

**SOUTHERN VILLAS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2180 W. STATE RD. 434  
 SUITE 5000  
 LONGWOOD FL 32779

2180 W. STATE RD. 434  
 SUITE 5000  
 LONGWOOD FL 32779-5042

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2499657**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W., JR.**  
 2180 W. STATE RD. 434 SUITE 5000  
 LONGWOOD FL 32779

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **HANST, LINDA**  
 STREET ADDRESS **5500 FAIRFAX ST**  
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **PD**  Change  Addition  
 NAME **TOM BAUN**  
 STREET ADDRESS **5512 FAIRFAX ST**  
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D**  Delete  
 NAME **OSWALD, RICHELLE**  
 STREET ADDRESS **4536 SUMMERGROVE AVE**  
 CITY-ST-ZIP **ORLANDO FL 32807**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **SCADUTO, ELIZABETH**  
 STREET ADDRESS **4537 SOUTHFIELD AVE.**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **VD**  Change  Addition  
 NAME **LINDA HEPENSTAL**  
 STREET ADDRESS **5548 BELLWOOD ST**  
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D**  Delete  
 NAME **CROOKS, BELVA**  
 STREET ADDRESS **4570 SUMMERGROVE AVE**  
 CITY-ST-ZIP **ORLANDO FL 33812**

TITLE **SD**  Change  Addition  
 NAME **BETH RAFFO**  
 STREET ADDRESS **4541 SOUTHFIELD AVE**  
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **D**  Delete  
 NAME **PRUETTE, SANDY**  
 STREET ADDRESS **4532 SUMMERGROVE AVE**  
 CITY-ST-ZIP **ORLANDO F 32812**

TITLE **TD**  Change  Addition  
 NAME **MAUREEN PIERMATTEO**  
 STREET ADDRESS **5540 BELLWOOD ST**  
 CITY-ST-ZIP **ORLANDO FL 32812**

TITLE **SD**  Delete  
 NAME **WILSON, MYRNA**  
 STREET ADDRESS **4533 SOUTHFIELD AVE**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE **D**  Change  Addition  
 NAME **CHARLOTTE DOWNS**  
 STREET ADDRESS **4581 SOUTHFIELD AVE**  
 CITY-ST-ZIP **ORLANDO FL 32812**

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:

*Thomas A. Baumes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/00

Date

407-513-5292

Daytime Phone #

CR2E037 (9/99)