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

5/1/2

FILED
Jun 02, 2003 8:00 am
Secretary of State
05-01-2003 90149 015 ****61.25

55045254

DOCUMENT # N02000002967

1. Entity Name
SPYGLASS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2020 SPYGLASS LANE NEW SMYRNA BEACH FL 32169	2020 SPYGLASS LANE NEW SMYRNA BEACH FL 32169

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
NOT APPLICABLE	P.O. BOX 2319
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: NEW SMYRNA BEACH, FL.
Zip / Country	Zip: 32169 / Country

4. FEI Number: 55-0819481 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIERNACKI, RAYMOND A JR.
223 S. WOODLAND BOULEVARD
DELAND FL 32720

7. Name and Address of New Registered Agent

Name: RICHARD W. TAYLOR, ESQUIRE
Street Address (P.O. Box Number is Not Acceptable): 112 N. FLORIDA AVE
City: DELAND FL Zip Code: 32720

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 _____ 28 April 03
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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CHAIRPERSON~~ DELMA GOULBOURNE D 2024 N. PENINSULA AVE NEW SMYRNA BEACH FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FRANK MARSHALL D 340 N. CAUSEWAY N.S.B, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SUSAN FLYNN D 2026 SPYGLASS LA. NEW SMYRNA BEACH, FL 32169	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: DELMA GOULBOURNE Delma Goulbourne 4/25/03 386-426-2869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #