

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State

02-02-2000 90041 039 ****61.25

DOCUMENT # N12917

1. Entity Name

SPENCER TRAILS PROPERTY OWNER'S ASSOCIATION, INC

Principal Place of Business

2415 QUARTER HORSE TRAIL
 MIDDLEBURG FL 32068

Mailing Address

2415 QUARTER HORSE TRAIL
 MIDDLEBURG FL 32068-4455

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MONTGOMERY, JEANETTE L.
2415 QUARTER HORSE TRAIL
MIDDLESBURG FL 32068

7. Name and Address of New Registered Agent

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

TITLE Delete
 NAME **PD HUCKINS, CLIFFORD**
 STREET ADDRESS **5329 RAZORBACK CT**
 CITY-ST-ZIP **MIDDLEBURG FL**

TITLE Delete
 NAME **VD COWARD, LESLIE R**
 STREET ADDRESS **5322 RAZOR BACK CT.**
 CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE Delete
 NAME **STD MONTGOMERY, JEANETTE**
 STREET ADDRESS **2415 QUARTER HORSE TR**
 CITY-ST-ZIP **MIDDLEBURG FL**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeanette L. Montgomery

1-11-2000

Date

904-282-4358

Daytime Phone #

CR2E037 (9/99)