

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90031 006 ****61.25

DOCUMENT # N23748

1. Entity Name

SYLVAN POND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

165 W SR 434
 WINTER SPRINGS FL 32708
 US

PO BOX 950455
 LAKE MARY FL 32795-0455
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2933838

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

EPM SERVICES INC
165 WEST SR 434
WINTER SPRINGS FL 32708

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

Anne H Russell **Anne H Russell, Pres EPM Services**

3/20/00

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	D	<input type="checkbox"/> Delete
NAME	CARTAS, MICHAEL	
STREET ADDRESS	11160 SYLVAN POND CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, JERRY	
STREET ADDRESS	844 POND CYPRESS COURT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HICKS, EDWARD	
STREET ADDRESS	11048 SYLVAN POND CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VDS	<input type="checkbox"/> Delete
NAME	MEADOWS, JILL	
STREET ADDRESS	730 MEADOWSIDE CT	
CITY-ST-ZIP	ORLANDO FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RUSSELL, JAMES	
STREET ADDRESS	11177 SYLVAN POND CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hernandez, Jerry	
STREET ADDRESS	844 Pond Cypress Court	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Acosta, Felix	
STREET ADDRESS	757 Pond Pine Court	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	meadows, jill	
STREET ADDRESS	730 meadowside Court	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Russell, James	
STREET ADDRESS	11177 Sylvan Pond Circle	
CITY-ST-ZIP	Orlando, FL 32825	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Houser, Sandy	
STREET ADDRESS	11188 Sylvan Pond Circle	
CITY-ST-ZIP	Orlando, FL 32825	

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:

Sandy Houser **REQUIRED**

3/20/00

407 327 5824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)