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

DOCUMENT # N34912

1. Entity Name

SPENCER DRIVE-SARA LEE LANE PROPERTY OWNERS ASSOCIATION, INC.



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90049 029 ****61.25

CIATION,	ING.					1966	WE TRES						
2020 SARA LEE LANE 203				Mailing Address 2020 SARA LEE LANE TALLAHASSEE FL 32312					1411 41414 1 414 1	er in a ded ak b edik	 	14 8141 2 18 8 4	
2. Principal I													
Suite, Apt. #, etc. Suite, Apt. #, etc.								_					
σοιτο, / φτ. π, στο.								☐ CHECK HERE IF MAKING CHANGES					
City & State City & State								4. FEI Number 59-3059789				pplied For ot Applicable	
Zip Country Zip					Country			5. Certificate of S	Status Desired		8.75 Ad	ditional	
6. Name and Address of Current Registered Agent								7. Name and Address of New Registered Agen				•	
						Name				-g	,		
FOSTEŔ, STEPHEN K. 2020 SARA LEÉ LANE TALLAHÄSSEE FL 32312						Street Address (P.O. Box Number is Not Acceptable)							
IALLAHA	3312 PL 32312					City				FL	Zip Coo	le	
9 The chaus	a nomed ontity as book	to this otatoon at 600	46			1 -10-			. H Dist		20 24		
the obliga	e named entity submittions of registered ac	ts this statement for lent.	tne purp	ose of changing its	registere	а опісе с	r register	ed agent, or both, ir	n the State of Flo	rida. Tam ta	miliar with,	and accept	
SIGNATURE	<u> </u>	•					~`>						
•	Signature, typed or printed	name of registered agent a	nd title if app	olicable. (NOTE	: Registered	Agent signa	ture equired	when reinstating)		DATE			
							()						
FILE NOW: FEE.JS \$61.25						~ _		\$5.00 May Be		ke Check			
				Trust Fund C	ontributio	on.		Added to Fees	Florid	la Departi	nent of	State	
10.		OFFICERS AND DIR	ECTOPS	.	11.			ADDITIONS/CHANC	SECTO OFFICE	DE AND DID	CTORS IN	1 10	
TITLE	ĪD ·	· ·	ECTORS	☐ Delete	TITLE		D	ADDITIONS/CHAINC	aes 10 OFFICEI		Change	Addition	
NAME	DEHAN, KATHY			Delete	NAME			a Schwartz			Onlingo	Addition	
STREET ADDRESS	2015 SARA LEE I	.ANE			STREE	T ADDRESS		Saraleela	n.e				
CITY-ST-ZIP	TALLAHASSEE F	_			CITY-	ST-ZIP		harvee FC					
TITLE	S			☐ Delete	TITLE		VP				Change	Addition	
NAME	FOSTER, STEPHI	EN			NAME			Holler			_ ,		
STREET ADDRESS	2020 SARA LEE I				STREE	T ADDRESS		Spencer Dr.					
CITY-ST-ZIP	TALLAHASSEE FI	_ 32312	_		CITY-	ST-ZIP	Tallal	narree FL 3	2312			Į.	
TITLE	T			☐ Delete	TITLE		D	,			Change	Addition	
	MARYANSKI, LIZ				NAME		Kare	n Watson				_	
STREET ADDRESS CITY-ST-ZIP	7040 SPENCER D					T ADDRESS	E .	SamuleeLane					
	TALLAHASSEE FI	-				ST-ZIP		harree, FL 3	2317_		_		
TITLE	D MILLAR, NICK			Delete	TITLE		D				Change	Addition	
NAME STREET ADDRESS	2016 SARA LEE	AME			NAME	T ADDRESS	Bill D	avis SpencerDr.				į	
CITY-ST-ZIP	TALLAHASSEE FI					ST-ZIP		nasiee FL 32	215				
TITLE	D	. OEU IE					Jana	Jastes AC 15	.518-		7 Channa	- Addition	
NAME	CHASON, JOHN			☐ Delete	TITLE NAME						Change	Addition	
	7037 SPENCER D	R.				T ADDRESS							
CITY-ST-ZIP	TALLAHASSEE FL					ST-ZIP	1						
TITLE (XP)	P		☐ Delete	TITLE					I	Change	Addition	
NAME	RICHARD, MORG	AN '			NAME					·			
	7030 SPENCER S					T ADDRESS							
CITY-ST-ZIP	tallahassee fl					ST-ZIP							
12. I hereby	certify that the inform	ation supplied with t	his filing	does not qualify for	the exem	ption sta	ted in Sec	ction 119.07(3)(i), FI	orida Statutes. I	further certif	y that the in	nformation	

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:

SICHWIRSTEEQUIRED

1-8-03

850-893-5699