

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2000 8:00 am**  
**Secretary of State**

03-03-2000 90220 046 \*\*\*\*61.25

**DOCUMENT # N93000001756**

1. Entity Name

**DUNBRIDGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

*do*  
**MID-FLORIDA PROPERTY MANAGEMENT CO.**  
**5250 S. U.S. HIGHWAY 17-92 -**  
**CASSELBERRY FL 32718**  
**US**

~~P.O. BOX 102150~~  
**CASSELBERRY FL 32718-2150**  
**US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*do*  
**% Mid-Florida Prop Mgmt.**

*do*  
**% Mid-Florida Prop. Mgmt.**

Suite, Apt. #, etc.  
**5025 South U.S. Hwy 17-92**

Suite, Apt. #, etc.  
**5025 South US Hwy 17-92**

City & State  
**Casselberry, FL**

City & State  
**Casselberry, FL**

4. FEI Number  
**59-3179961**

Applied For  
 Not Applicable

Zip Country  
**32707-3845 FL**

Zip Country  
**32707-3845 FL**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPARE, WILLIAM C**  
~~**5250 SOUTH U.S. HIGHWAY 17-02**~~  
**CASSELBERRY FL 32707**

Name  
**William C. Spare, Community Assn. Mgr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**% Mid-Florida Prop. Mgmt.**  
**5025 South U.S. Hwy 17-92**  
 City  
**Casselberry FL** Zip Code  
**32707-3845**

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 *William C. Spare*

**William C. Spare**  
**Community Association Manager**

**2/8/00**

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  
**PD**  Delete  
 NAME  
**CAREY, SHARRON K**  
 STREET ADDRESS  
**1211 MAYBROOK ST**  
 CITY-ST-ZIP  
**APOPKA FL 32703**

TITLE  
 Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**D**  Delete  
 NAME  
**RENEY, OLIVER**  
 STREET ADDRESS  
**1258 DUNBRIDGE ST**  
 CITY-ST-ZIP  
**APOPKA FL**

TITLE  
**DS**  Change  Addition  
 NAME  
**Oliver, Renay**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**DT**  Delete  
 NAME  
**WATERMAN, MICHAEL**  
 STREET ADDRESS  
**1945 BURBERRY STREET**  
 CITY-ST-ZIP  
**APOPKA FL 32703**

TITLE  
 Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**SD**  Delete  
 NAME  
**ARCHER, NICHOLE**  
 STREET ADDRESS  
**1219 MAYBROOK ST**  
 CITY-ST-ZIP  
**APOPKA FL 32703**

TITLE  
 Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
**NOTE!**  Change  Addition  
 NAME  
 STREET ADDRESS  
 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 has 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: *Michael Waterman*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2/24/00** Daytime Phone # **407-880-4148**

CR2E037 (9/99)