

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003961

1. Entity Name

SPENCERS CROSSING HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**Mar 28, 2000 8:00 am**  
**Secretary of State**

03-28-2000 90043 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

6028 CHESTER AVE  
 SUITE 202  
 JACKSONVILLE FL 32217  
 US

P.O BOX 57911  
 JACKSONVILLE FL 32241-7911  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3225327

Applied For

Not Applicable

Zip

Country

Zip

Country

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

PENN, PATRIC R  
 6028 CHESTER AVE  
 #202  
 JAX FL 32217

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]*

3/22/00

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 RICHTER, TODD  
 STREET ADDRESS 3548 BARREL SPRINGS DR  
 CITY-ST-ZIP ORANGE PARK FL

TITLE D ☐ Change ☒ Addition  
 NAME DAVIS, William  
 STREET ADDRESS 3404 BRISTOL BRIDGE RD  
 CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE D ☐ Delete  
 NAME NEVAREZ, MAX  
 STREET ADDRESS 477 FEDERAL HILL RD  
 CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Change ☒ Addition  
 NAME GREEN, Billy  
 STREET ADDRESS 326 WILD-BERRY CT  
 CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE D ☐ Delete  
 NAME BOGGS, AUDIE  
 STREET ADDRESS 3648 DOUBLE BRANCH LN  
 CITY-ST-ZIP ORANGE PARK FL 32073

TITLE D ☐ Change ☒ Addition  
 NAME MARSHALL, DONALD  
 STREET ADDRESS 333 WILDBERRY CT.  
 CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE D ☒ Delete  
 NAME OVERBY, JESSE  
 STREET ADDRESS 3590 OLD SAWMILL CT  
 CITY-ST-ZIP ORANGE PARK FL

TITLE D ☐ Change ☒ Addition  
 NAME MORGENSTERN, HOWARD  
 STREET ADDRESS 3256 FOX SQUIRREL DR.  
 CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE D ☐ Delete  
 NAME DELBADO, JOE  
 STREET ADDRESS 3415 BRISTOL BRIDGE RD  
 CITY-ST-ZIP ORANGE PARK FL

TITLE D ☐ Change ☒ Addition  
 NAME GICK, JOE  
 STREET ADDRESS 3249 FOX SQUIRREL DR.  
 CITY-ST-ZIP ORANGE PARK, FL 32073

TITLE STD ☐ Delete  
 NAME ARROYO, SHARON  
 STREET ADDRESS 3676 DOUBLE BRANCH LN  
 CITY-ST-ZIP ORANGE PARK FL 32073

TITLE ☐ 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 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]*

TODD RICHTER

3/23/00 904 7781565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)