

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90100 009 \*\*\*\*61.25

**DOCUMENT # N95000001551**

1. Entity Name

**SENECA BEND HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

1633 E VINE ST  
 STE 207  
 KISSIMMEE FL 34744  
 US

1633 E VINE ST  
 STE 207  
 KISSIMMEE FL 34744-3705  
 US

2. Principal Place of Business

3. Mailing Address

135 W. Pineview ST

c/o PGS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

135 W. Pineview ST

City & State

City & State

Altamonte Springs FL

Altamonte Springs FL

Zip

Country

Zip

Country

32714 US

32714 US

4. FEI Number

59-3306289

Applied For

Not Applicable

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

~~GILBERT, JOHN W.~~

~~1633 E VINE ST.~~

~~STE 207~~

~~KISSIMMEE FL 34744~~

Name

Anthony Guadagnino

Street Address (P.O. Box Number is Not Acceptable)

c/o PGS

135 W. Pineview ST

City

Altamonte Springs

FL

Zip Code

32714

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)

3/29/00

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 D  
 EVAN, A  
 90 OAK BEND CT  
 OVIEDO FL 32765 ☒ Delete

T/D  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Massie, Jefferson  
 55 Oak Bend CT  
 Oviedo FL 32765 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DST  
 ROMERO, MIKE  
 115 OAK BEND CT  
 OVIEDO FL 32765 ☒ Delete

S/O  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Olga Collazo  
 90 Oak Bend CT  
 Oviedo FL 32765 ☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 DP  
 TORRES, DANIEL  
 65 OAK BEND CT  
 OVIEDO FL 32765 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

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 REQUIRED**  
 Signature and typed or printed name of signing officer or director

4/4/00

Date

407.682.3355

Daytime Phone #