

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N95000001551

FILED
Jul 22, 2003
Secretary of State

Entity Name: SENECA BEND HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

65 OAK BEND CT
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

65 OAK BEND CT
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-3306289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, DANIEL
65 OAK BEND CT
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: MASSIE, JEFFERSON
Address: 55 OAK BEND CT
City-St-Zip: OVIEDO, FL 32765

Title: DP () Delete
Name: TORRES, DANIEL
Address: 65 OAK BEND CT
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: TRIVETT, JIM
Address: 45 OAK BEND CT.
City-St-Zip: OVIEDO, FL 32765

Title: T () Delete
Name: HINSON, MICHAEL
Address: 40 OAK BEND CT.
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: MASSIE, JEFFERSON
Address: 55 OAK BEND CT
City-St-Zip: OVIEDO, FL 32765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: HAAK, DENISE
Address: 50 OAK BEND CT.
City-St-Zip: OVIEDO, FL 32765

Title: DT (X) Change () Addition
Name: ALMENTERO, NIETZA
Address: 80 OAK BEND CT.
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE HAAK

DS

07/22/2003

Electronic Signature of Signing Officer or Director

Date