

2000 UNIFORM BUSINESS REPORT (UBR)

5/8

FILED
Jun 05, 2000 8:00 am
Secretary of State

05-08-2000 90062 049 ****61.25

DOCUMENT # N99000000983

1. Entity Name

SPRING GLEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

36 SOUTH U.S. HIGHWAY 17-92 #100
 DEBARY FL 32713

36 SOUTH U.S. HIGHWAY 17-92 #100
 DEBARY FL 32713-3348

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3471540

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

GRAY, JOHN C JR.
 36 SOUTH U.S. HIGHWAY 17-92 #100
 DEBARY FL 32713

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, 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 GRAY, JOHN C JR.
 STREET ADDRESS 36 SOUTH U.S. HIGHWAY 17-92 #100
 CITY-ST-ZIP DEBARY FL 32713

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME CARMICHAEL, WILLIAM
 STREET ADDRESS 3504 LAKE LYNDA DRIVE #170
 CITY-ST-ZIP OVEIDO FL 32817

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME SEGAL, WILLIAM M
 STREET ADDRESS 36 SOUTH U.S. HIGHWAY 17-92 #100
 CITY-ST-ZIP DEBARY FL 32713

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VST Delete
 NAME SEGAL, BILL
 STREET ADDRESS 36 SOUTH U.S. HIGHWAY 17-92 #100
 CITY-ST-ZIP DEBARY FL 32713

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 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:

John C. Gray, Jr. PD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John C. GRAY, JR PD

4/17/00 407-668-6600

Date

Daytime Phone #

CR2E037 (9/99)