

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0061261

DOCUMENT # **N99000000983**

1. Entity Name

**SPRING GLEN HOMEOWNERS ASSOCIATION, INC.**



05-01-2003 90405 036 \*\*\*\*61.25

Principal Place of Business <b>% LELAND MANAGEMENT INC. 1633 E. VINE ST. SUITE 110 KISSIMMEE FL 34744</b>		Mailing Address <b>% LELAND MANAGEMENT INC. 1633 E. VINE ST. SUITE 110 KISSIMMEE FL 34744</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3471540</b>		Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>GRAY JOHN C JR. 1633 E VINE ST SUITE 110 KISSIMMEE FL 34744</b>		7. Name and Address of New Registered Agent Name <b>Rebecca Furlow</b> Street Address (P.O. Box Number is Not Acceptable) <b>1633 E. Vine St., #110</b> City <b>Kissimmee</b> FL Zip Code <b>34744</b>	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Rebecca Furlow* (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD GRAY, JOHN C JR. 36 SOUTH U.S. HIGHWAY 17-92 #100 DEBARY FL 32713</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Carol Winslow 48 Spring Glen Dr. Debary FL 32713</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CARMICHAEL, WILLIAM 3504 LAKE LYNDA DRIVE #170 OVEIDO FL 32817</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD Joe Hennessy 2487 S. Volusia Ave #105 Orange City FL 32763</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SEGAL, WILLIAM M 36 SOUTH U.S. HIGHWAY 17-92 #100 DEBARY FL 32713</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD Jeannine Herndon 2487 S. Volusia Ave., #105 Orange City, FL 32763</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST SEGAL, BILL 36 SOUTH U.S. HIGHWAY 17-92 #100 DEBARY FL 32713</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rebecca Furlow* SIGNATURE REQUIRED **4-28-3**

CR2E037 (10/02)