

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90220 046 ****61.25

DOCUMENT # N93000001756

1. Entity Name

DUNBRIDGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

Mid-FLORIDA PROPERTY MANAGEMENT CO.
5250 S. U.S. HIGHWAY 17-92
CASSELBERRY FL 32718
US

P.O. BOX 102150
CASSELBERRY FL 32718-2150
US

2. Principal Place of Business

3. Mailing Address

Mid-Florida Prop Mgmt.

Mid-Florida Prop. Mgmt.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5025 South U.S. Hwy 17-92

5025 South US Hwy 17-92

City & State

City & State

Casselberry, FL

Casselberry, FL

Zip

Country

Zip

Country

32707-3845

32707-3845

6. Name and Address of Current Registered Agent

4. FEI Number

59-3179961

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

SPARE, WILLIAM C

5250 SOUTH U.S. HIGHWAY 17-92
CASSELBERRY FL 32707

William C. Spare, Community Assn. Mgr.

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

Mid-Florida Prop. Mgmt.

5025 South U.S. Hwy 17-92

Casselberry

FL

Zip Code

32707-3845

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.

William C. Spare

Community Association Manager

2/8/00

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

TITLE **PD** ☐ Delete
NAME **CAREY, SHARRON K**
STREET ADDRESS **1211 MAYBROOK ST**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☐ Delete
NAME **RENEY, OLIVER**
STREET ADDRESS **1258 DUNBRIDGE ST**
CITY-ST-ZIP **APOPKA FL**

TITLE **DT** ☐ Delete
NAME **WATERMAN, MICHAEL**
STREET ADDRESS **1945 BURBERRY STREET**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **SD** ☒ Delete
NAME **ARCHER, NICHOLE**
STREET ADDRESS **1219 MAYBROOK ST**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DS** ☒ Change ☐ Addition
NAME **Oliver, Renay**
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE **NOTE!** ☐ 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 has 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)