

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003229

1. Entity Name

LAVENTANA AT WILLOW POND HOMEOWNERS ASSOCIATION,

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE  
00 MAR 20 PM 2:57

Principal Place of Business

Mailing Address

2180 WEST SR 434, SUITE 5000  
LONGWOOD FL 32779-5044

2180 WEST SR 434, SUITE 5000  
LONGWOOD FL 32779



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3580799

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARMICHAEL, WILLIAM T  
3504 LAKE LYNDA DR. STE. 170  
ORLANDO FL 32817

Name  
HART, JAMES W JR

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

2180 W SR 434 STE 5000

City  
LONGWOOD

FL

Zip Code  
32779

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 CARMICHAEL, WILLIAM T.  
STREET ADDRESS 3504 Lake Lynda, Suite 170  
CITY-ST-ZIP Orlando, FL 32817

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 200003183222-1  
CITY-ST-ZIP -03/24/00--01076--013  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE VD ☐ Delete  
NAME CHAMBERS, JOSEPH A.  
STREET ADDRESS 775 S Kirkman Rd, Suite 117  
CITY-ST-ZIP Orlando, FL 32817

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

TITLE SD ☐ Delete  
NAME HERNDON, JEANNINE  
STREET ADDRESS 3504 Lake Lynda, Suite 170  
CITY-ST-ZIP Orlando, FL 32817

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

TITLE ☐ Delete  
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CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)