

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15961

1. Entity Name

VOTAW VILLAGE HOMEOWNERS' ASSOCIATION, INC.

FILED

Apr 27, 2000 8:00 am  
Secretary of State

04-27-2000 90008 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

PO BOX 950455  
LAKE MARY FL 32795-0455  
US

PO BOX 950455  
LAKE MARY FL 32795-0455  
US

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

59-2936552

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

EPM SERVICES INC  
165 W S R 434  
WINTER SPRINGS FL 32708

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 VPD ☒ Delete  
NAME CABLE, SHAWN  
STREET ADDRESS 648 FALLING OAK COVE  
CITY-ST-ZIP APOPKA FL

TITLE V D ☐ Change ☒ Addition  
NAME Ralph Black  
STREET ADDRESS 340 Cervidae Drive  
CITY-ST-ZIP APOPKA FL 32703

TITLE VPD ☒ Delete  
NAME HUTCHINSON, MATTHEW  
STREET ADDRESS 229 CERVIDAE DRIVE  
CITY-ST-ZIP APOPKA FL

TITLE STD ☐ Change ☒ Addition  
NAME Traci Conway  
STREET ADDRESS 645 Whitetail Loop  
CITY-ST-ZIP APOPKA FL 32703

TITLE TD ☒ Delete  
NAME HART, LISA  
STREET ADDRESS 104 N. CERVIDAE DRIVE  
CITY-ST-ZIP APOPKA FL

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

TITLE SD ☒ Delete  
NAME LAFFERTY, KARLA  
STREET ADDRESS 110 KINNEY COURT  
CITY-ST-ZIP APOPKA FL 32703

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

TITLE PD ☐ Delete  
NAME VAIVE, KATHY  
STREET ADDRESS 639 FALLING OAK COVE  
CITY-ST-ZIP APOPKA FL 32703

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)