

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761421

1. Entity Name

SOUTH LAKE HOLDEN HOMEOWNERS ASSOCIATION, INC.

**FILED**  
May 07, 2000 8:00 am  
Secretary of State

05-07-2000 90014 041 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4102 BRANDEIS AVE  
ORLANDO FL 32839  
US

PO BOX 561640  
ORLANDO FL 32856-1640  
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

59-2342165

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

KEITER, DALE L  
4102 BRANDEIS AVE  
ORLANDO FL 32839

Name

CAROL HETRICK

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

221 KRUEBER ST

City

ORLANDO

FL

Zip Code

32839

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

*Carol Hetrick*

25 April 2000

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
KETTER, DALE  
4102 BRANDEIS AVE  
ORLANDO FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
KEITER, DALE  
4102 BRANDEIS AVE  
ORLANDO, FL 32839 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
NADER, GEORGE  
425 MACARTHUR DR  
ORLANDO FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
HETRICK, CAROL  
221 KRUEBER ST  
ORLANDO FL 32839 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
RABE, JOYCE  
3914 BRANDEIS AVE  
ORLANDO FL 32839 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
STONE, MARY ANN  
409 DOOLITTLE STREET  
ORLANDO FL 32839 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
YOUNG, EDWARD  
4402 BRANDEIS AVE  
ORLANDO FL 32839 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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:

*Carol Hetrick*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROL HETRICK

25 APRIL 2000

407-855-9196

Date

Daytime Phone #