

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90306 006 ****61.25

DOCUMENT # 741326

1. Entity Name

SPANISH LAKES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1 SILVER OAK DR
 PORT ST. LUCIE FL 34952
 US

1 SILVER OAK DR
 PORT ST. LUCIE FL 34952
 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

59-1805294

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

ALLEN, DONALD H
6 RIO VERDE WAY
PORT ST LUCIE FL 34952

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 Donald H Allen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Donald H Allen 1/11/01

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 **D** ☐ Delete
 NAME **HATHORNE, ROSE**
 STREET ADDRESS **19 GULF DRIVE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **TD** ☒ Change ☐ Addition
 NAME **HATHORNE, ROSE**
 STREET ADDRESS **19 GOLF DRIVE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **PD** ☐ Delete
 NAME **DERAGON, MAURICE W**
 STREET ADDRESS **10 GUAVA LANE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34952**

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

TITLE **VD** ☒ Delete
 NAME **REAGLE, J. RICHARD**
 STREET ADDRESS **17 MONTEREY WAY**
 CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **SD** ☐ Change ☒ Addition
 NAME **McLOUGHLIN, PATRICIA**
 STREET ADDRESS **12 ISABELLA LANE**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE **SD** ☐ Delete
 NAME **ALLEN, DON**
 STREET ADDRESS **6 RIO VERDE WAY**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **VD** ☒ Change ☐ Addition
 NAME **ALLEN, DONALD H.**
 STREET ADDRESS **6 RIO VERDE WAY**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

TITLE **D** ☐ Delete
 NAME **MURRAY, WALTER**
 STREET ADDRESS **45 GRANDE VISTA WAY**
 CITY-ST-ZIP **PORT ST. LUCIE FL**

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

TITLE **D** ☐ Delete
 NAME **SAYER, EILEEN**
 STREET ADDRESS **12 GOLF DRIVE**
 CITY-ST-ZIP **PORT ST. LUCIE FL 34952**

TITLE **D** ☐ Change ☒ Addition
 NAME **YOUNG, DOLORES**
 STREET ADDRESS **2 EDUARDO LANE**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34952**

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:

Donald H Allen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/11/01 561-878-4074

CR2E037 (10/00)