

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08754

1. Entity Name

SOUTHERN VILLAS OF MANDARIN HOMEOWNERS ASSOCIATI

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90117 044 \*\*\*\*61.25

0000004

Principal Place of Business

Mailing Address

2180 W SR 434  
STE 5000  
LONGWOOD FL 32779

2180 W SR 434  
STE 5000  
LONGWOOD FL 32779

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

59-2528100

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

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434, STE 5000  
LONGWOOD FL 32779

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 ☐ Delete  
NAME SPENCER, MICHAEL  
STREET ADDRESS 10870 CABBAGE POND CT  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☒ Addition  
NAME PD KELLY, KENNETH  
STREET ADDRESS 4578 WANDERING OAKS CT  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☒ Delete  
NAME S SELLERS, JEAN  
STREET ADDRESS 4568 CABBAGE POND DR  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☒ Addition  
NAME VD POLAN, DAVID  
STREET ADDRESS 11044 WANDERING OAKS DR  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☒ Delete  
NAME D NORTH, BRENDA  
STREET ADDRESS 4596 WANDERING OAKS CT  
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE ☒ Delete  
NAME TD DUNCAN, KEITH  
STREET ADDRESS 4594 CABBAGE POND DR  
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE ☒ Delete  
NAME D SAVAGE, ANITA  
STREET ADDRESS 11040 WANDERING OAKS DR.  
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE ☒ Delete  
NAME D VON KLEIST, EVELYN  
STREET ADDRESS 11048 WANDERING OAKS DR  
CITY-ST-ZIP JACKSONVILLE FL 32257

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:

*Michael H. Spencer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01  
Date

(904) 798-1840  
Daytime Phone #

CR2E037 (10/00)