

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90070 036 *****70.00

DOCUMENT # 761421

1. Entity Name

SOUTH LAKE HOLDEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

4102 BRANDEIS AVE-228 Doolittle St
ORLANDO FL 32839
US

Mailing Address

PO BOX 561640
ORLANDO FL 32856-1640
US

000054110



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

211 Spencer St.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 561640
Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-2342165

Applied For

Not Applicable

Zip

32839

Country

US

Zip

32856-1640

Country

US

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HETRICK, CAROL
221 KFLIEGER ST
ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name: Marshall, Robert D.
Street Address (P.O. Box Number is Not Acceptable):
211 Spencer 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: Robert D. Marshall Robert D. Marshall 3/27/2001
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KETTER, DALE 4102 BRANDEIS AVE ORLANDO FL 32839	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NADER, GEORGE 425 MACARTHUR DR ORLANDO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RABE, JOYCE 3914 BRANDEIS AVE ORLANDO FL 32839	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STONE, MARY ANN 409 DOOLITTLE STREET ORLANDO FL 32839	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, EDWARD 4402 BRANDEIS AVE ORLANDO FL 32839	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HETRICK, CAROL 221 KFLIEGER ST ORLANDO FL 32839	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD click, Doris 228 Doolittle St. Orlando, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD muniz, Dana 4641 Forrestal Ave. Orlando, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Wheeler, Jo. 328 Bainbridge Ave. Orlando, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Holt, Philip 4115 Bradley Ave. Orlando, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Marshall, Robert 211 Spencer St. Orlando, FL 32839	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Robert D. Marshall 3/27/2001 (407)855-2543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)