

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90189 003 ****61.25

DOCUMENT # N15961

1. Entity Name

VOTAW VILLAGE HOMEOWNERS' ASSOCIATION, INC.

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

1165 West SR 434

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 915322

Suite, Apt. #, etc.

City & State

Winter Springs, FL

City & State

Longwood, FL

Zip

32708

Country

US

Zip

32791

Country

US

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

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

7. Name and Address of New Registered Agent

Name
National Association Management Company

Street Address (P.O. Box Number is Not Acceptable)
1165 W. State Road 434

City

Winter Springs

FL

Zip Code

32708

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.

Marc A. Blum, President

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/2002

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	VPD	<input type="checkbox"/> Delete
NAME	BLACK, RALPH	
STREET ADDRESS	340 CERVIDAE DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CONWAY, TRACI	
STREET ADDRESS	645 WHITETAIL LOOP	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	STD	<input type="checkbox"/> Delete
NAME	EELLS, JAN	
STREET ADDRESS	103 N CERVIDAE DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eells, Janet	
STREET ADDRESS	103 N. Cervidae Drive	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE	TS D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kunzweiler, Laura	
STREET ADDRESS	128 N. Cervidae Drive	
CITY-ST-ZIP	Apopka, FL 32703	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ralph J. Black
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ralph J. Black

Date

Daytime Phone #

1/15/02 407-294-7055

CR2E037 (9/01)