

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N23748

1. Entity Name

SYLVAN POND HOMEOWNERS' ASSOCIATION, INC.

FILED

Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90050 001 ****61.25

Principal Place of Business

Mailing Address

165 W SR 434
WINTER SPRINGS FL 32708
US

PO BOX 950455
LAKE MARY FL 32795-0455
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LONGWOOD, FL

Zip

Country

Zip

Country

32791

USA

4. FEI Number

59-2933838

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

EPM SERVICES INC
165 WEST SR 434
WINTER SPRINGS FL 32708

Name
NATIONAL ASSOCIATION MANAGEMENT COMPANY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

MARC A. BLUM

2/18/2002

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
D
GARNER, KAY
STREET ADDRESS
834 LONGLEAF PINE COURT
CITY-ST-ZIP
ORLANDO FL 32820 ☐ Delete

TITLE
NAME
D
O'NEAL, JAMIE
STREET ADDRESS
766 MEADOWSIDE CT.
CITY-ST-ZIP
ORLANDO FL 32825 ☐ Change ☒ Addition

TITLE
NAME
VPD
HERNANDEZ, JERRY
STREET ADDRESS
844 POND CYPRESS COURT
CITY-ST-ZIP
ORLANDO FL 32825 ☐ Delete

TITLE
NAME
D
VON WERBER, JULIE
STREET ADDRESS
11165 SYLVAN POND CIRCLE
CITY-ST-ZIP
ORLANDO, FL 32825 ☐ Change ☒ Addition

TITLE
NAME
D
ACOSTA, FELIX
STREET ADDRESS
757 POND PINE CT.
CITY-ST-ZIP
ORLANDO FL 32825 ☒ Delete

TITLE
NAME
D
NECRASON, WESLEY
STREET ADDRESS
11124 SYLVAN POND CIRCLE
CITY-ST-ZIP
ORLANDO, FL 32825 ☐ Change ☒ Addition

TITLE
NAME
DS
RUSSELL, JAMES
STREET ADDRESS
11177 SYLVAN POND CIRCLE
CITY-ST-ZIP
ORLANDO FL 32825 ☐ Delete

TITLE
NAME
DP
RUSSELL, JAMES
STREET ADDRESS
11177 SYLVAN POND CIRCLE
CITY-ST-ZIP
ORLANDO, FL 32825 ☒ Change ☐ Addition

TITLE
NAME
STD
HOUSER, SANDY
STREET ADDRESS
11188 SYLVAN POND CIR.
CITY-ST-ZIP
ORLANDO FL 32825 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 13 2002 407.3848026

Date

Daytime Phone #

CR2E037 (9/01)