

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

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

DOCUMENT # N23748

1. Entity Name

SYLVAN POND HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

165 W SR 434
 WINTER SPRINGS FL 32708
 US

PO BOX 950455
 LAKE MARY FL 32795-0455
 US

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LONGWOOD, FL

4. FEI Number

59-2933838

Applied For

Not Applicable

Zip

Country

Zip

Country

32791

USA

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

MARC A. BLUM

2/18/2002

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

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

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 NECRASON, WESLEY
 11129 SYLVAN POND CIRCLE
 ORLANDO, FL 32825 Change Addition

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 STD
 HOUSER, SANDY
 11188 SYLVAN POND CIR.
 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)(l), 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:

FEB 13 2002 407-3848026

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)