

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90908 036 ****61.25

DOCUMENT # N94000004525

1. Entity Name

SUNCREST VILLAS PHASE 2 HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1916 BOOTHE CIR
 LONGWOOD FL 32750

1916 BOOTHE CIR
 LONGWOOD FL 32750



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

498 Palm Springs Dr.

498 Palm Springs Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

270

270

City & State

City & State

Altamonte Springs

Altamonte Springs

Zip Country

Zip Country

32701 USA

32701 USA

4. FEI Number

59-3403774

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

ZABEL, JON
 1916 BOOTHE CIR
 LONGWOOD FL 32750

Name

Boyle, James W.

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

498 Palm Springs Drive

Suite 270

City

Altamonte Springs

FL

Zip Code
 32701

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 D ☒ Delete
 NAME ZABEL, JON
 STREET ADDRESS 1918 BOOTHE CR
 CITY-ST-ZIP LONGWOOD FL 32750

TITLE D ☐ Change ☒ Addition
 NAME Halpin, Patrick
 STREET ADDRESS 4051 Bolinas Ct.
 CITY-ST-ZIP Orlando, FL 32817

TITLE VD ☐ Delete
 NAME ASTACIO, CAROL
 STREET ADDRESS 10622 SUN VILLA BV
 CITY-ST-ZIP ORLANDO FL 32817

TITLE TD ☐ Change ☒ Addition
 NAME Romano, Frank
 STREET ADDRESS 10503 Caspar Ct
 CITY-ST-ZIP Orlando, FL 32817

TITLE TD ☒ Delete
 NAME LLEWELLYN, ALAN
 STREET ADDRESS 10563 SUN VILLA BV
 CITY-ST-ZIP ORLANDO FL 32750

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

TITLE SD ☐ Delete
 NAME ROBERTS, SANDRA
 STREET ADDRESS 10485 SUN VILLA BV
 CITY-ST-ZIP ORLANDO FL 32817

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

TITLE PD ☐ Delete
 NAME GLANZ, TODD
 STREET ADDRESS 10466 SUN VILLA BV
 CITY-ST-ZIP ORLANDO FL 32750

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 a power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)