

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 761421

1. Entity Name

SOUTH LAKE HOLDEN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

211 SPENCER STREET  
ORLANDO FL 32839  
US

Mailing Address

PO BOX 561640  
ORLANDO FL 32856-1640  
US

2. Principal Place of Business

211 Spencer St.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 561640

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2342165

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

MARSHALL, ROBERT D  
211 SPENCER STREET  
ORLANDO FL 32839

Name

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

City

FL

Zip Code

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 NAME	PD CLICK, DORIS	<input type="checkbox"/> Delete
STREET ADDRESS	228 DOOLITTLE STREET	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE NAME	VD MUNIZ, DANA	<input type="checkbox"/> Delete
STREET ADDRESS	4641 FORRESTAL AVE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE NAME	VD WHEELER, JO	<input type="checkbox"/> Delete
STREET ADDRESS	328 BAINBRIDGE AVE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE NAME	SD HOLT, PHILIP	<input type="checkbox"/> Delete
STREET ADDRESS	4115 BRADLER AVE	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE NAME	TD MARSHALL, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	211 SPENCER STREET	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Robert D. Marshall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2002 (407) 855-2543

Date

Daytime Phone #

FILED  
May 09, 2002 8:00 am  
Secretary of State

05-09-2002 90019 036 \*\*\*\*70.00

850300



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)