

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08754

1. Entity Name

SOUTHERN VILLAS OF MANDARIN HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2180 W. SR 434,
STE 5000
LONGWOOD FL 32779

2180 W SR 434
STE 5000
LONGWOOD FL 32779

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2528100

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

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434, STE 5000
LONGWOOD FL 32779

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 SPENCER, MICHAEL
STREET ADDRESS 10870 CABBAGE POND CT
CITY-ST-ZIP JACKSONVILLE FL 32257 ☐ Delete

TITLE
NAME SD Medina, Pam
STREET ADDRESS 10985 CABBAGE POND CT.
CITY-ST-ZIP JACKSONVILLE, FL, 32257 ☐ Change ☒ Addition

TITLE
NAME PD KELLY, KENNETH
STREET ADDRESS 4578 WANDERING OAKS COURT
CITY-ST-ZIP JACKSONVILLE FL 32257 ☒ Delete

TITLE
NAME PD POLAN, DAVID
STREET ADDRESS 11044 WANDERING OAKS DR.
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☒ Change ☐ Addition

TITLE
NAME VD POLAN, DAVID
STREET ADDRESS 11044 WANDERING OAKS DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32257 ☒ Delete

TITLE
NAME VD IVOSE, BARBARA
STREET ADDRESS 4385 CABBAGE POND DR.
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME SD HUEY, SANDRA
STREET ADDRESS 4594 CABBAGE POND DR.
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☐ Change ☒ Addition
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME D DUFF, MARY
STREET ADDRESS 10870 CABBAGE POND CT.
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME D PARSONS, IRENE
STREET ADDRESS 4564 CABBAGE POND DR.
CITY-ST-ZIP JACKSONVILLE, FL 32257 ☐ 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:

DAVID L. POLAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-09-02

904-260-9049

Date

Daytime Phone #

CR2E037 (9/01)