

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38718

1. Entity Name

NATURE'S PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6872 TIMBER PINES BOULEVARD
SPRING HILL FL 34606
US

6872 TIMBER PINES BOULEVARD
SPRING HILL FL 34606
US

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

59-3081881

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

KURTZ, SUSAN
6872 TIMBER PINES BOULEVARD
SPRING HILL FL 34606

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 PD
NAME SPRENTALL, ROBERT
STREET ADDRESS 6872 TIMBER PINES BOULEVARD
CITY-ST-ZIP SPRING HILL FL 34606 ☐ Delete

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

TITLE D
NAME MAY, CONRAD
STREET ADDRESS 6872 TIMBER PINES BOULEVARD
CITY-ST-ZIP SPRING HILL FL 34606 ☐ Delete

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

TITLE D
NAME DOUGHTY, DONALD
STREET ADDRESS 6872 TIMBER PINES BOULEVARD
CITY-ST-ZIP SPRING HILL FL 34606 ☐ Delete

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

TITLE D
NAME BADAMI, ROBERT
STREET ADDRESS 6872 TIMBER PINES BLVD
CITY-ST-ZIP SPRING HILL FL 34606 ☐ Delete

TITLE ST
NAME Krejci, Edward
STREET ADDRESS 6872 Timber Pines Blvd.
CITY-ST-ZIP Spring Hill, FL 34606 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

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

05-27-2002 90410 039 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)