

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90044 025 ****61.25

DOCUMENT # N23748

1. Entity Name

SYLVAN POND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

165 W SR 434
WINTER SPRINGS FL 32708
US

Mailing Address

P.O. BOX 915322
LONGWOOD FL 32791
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

59-2933838

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

NAT'L ASSOC MGT CO
165 WEST SR 434
WINTER SPRINGS FL 32708

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARNER, KAY	
STREET ADDRESS	834 LONGLEAF PINE COURT	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, JERRY	
STREET ADDRESS	844 POND CYPRESS COURT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'NEAL, JAMIE	
STREET ADDRESS	766 MEADOWSIDE CT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	DP	<input type="checkbox"/> Delete
NAME	RUSSELL, JAMES	
STREET ADDRESS	11177 SYLVAN POND CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOUSER, SANDY	
STREET ADDRESS	11188 SYLVAN POND CIR.	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NECRASON, WHESLEY	
STREET ADDRESS	11129 SYLVAN POND CIR	
CITY-ST-ZIP	ORLANDO FL 32825	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAZUR, JIM	
STREET ADDRESS	749 MEADOWSIDE COURT	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STOCKLIN, MARK	
STREET ADDRESS	11028 SYLVAN POND CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VONWERDER, JULIE	
STREET ADDRESS	11165 SYLVAN POND CIRCLE	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/04 407-327-5824
Date Daytime Phone #