

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90054 006 ****70.00

DOCUMENT # 761421

1. Entity Name

SOUTH LAKE HOLDEN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

301 Stimson St
211 SPENCER STREET
ORLANDO FL 32839
US

Mailing Address

PO BOX 561640
ORLANDO FL 32856-1640
US

2. Principal Place of Business

301 Stimson St
Suite, Apt. #, etc.

3. Mailing Address

PO Box 561640
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2342165**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 *Morris, Kathy*
211 SPENCER STREET *301 Stimson 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. 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **CLICK, DORIS**
STREET ADDRESS **228 DOOLITTLE STREET**
CITY-ST-ZIP **ORLANDO FL 32839**

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

TITLE **SD** ☒ Delete
NAME **MUNIZ, DANA**
STREET ADDRESS **4641 FORRESTAL AVE**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **SD** ☐ Change ☒ Addition
NAME **Robe Joyce**
STREET ADDRESS **3914 Brandeis Ave**
CITY-ST-ZIP **Orlando FL 32839**

TITLE **VD** ☒ Delete
NAME **WHEELER, JO**
STREET ADDRESS **328 BAINBRIDGE AVE**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **VD** ☐ Change ☒ Addition
NAME **Keiter Charlotte**
STREET ADDRESS **4102 Brandeis Ave**
CITY-ST-ZIP **Orlando, FL 32839**

TITLE **VD** ☐ Delete
NAME **HOLT, PHILIP**
STREET ADDRESS **4115 BRADLER AVE**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **4115 Bradley Ave**
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **MARSHALL, ROBERT**
STREET ADDRESS **211 SPENCER STREET**
CITY-ST-ZIP **ORLANDO FL 32839**

TITLE **TD** ☐ Change ☒ Addition
NAME **Kathy Morris**
STREET ADDRESS **301 Stimson St**
CITY-ST-ZIP **Orlando, FL 32839**

TITLE ☐ Delete
NAME **Keiter, Charlotte**
STREET ADDRESS
CITY-ST-ZIP **Orlando, FL 32839**

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 all other like empowered.

SIGNATURE:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2003

Date

407/857-2806

Daytime Phone #

CR2E037 (10/02)