

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

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90350 026 ****61.25

DOCUMENT # N15961

1. Entity Name

VOTAW VILLAGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**165 WEST SR 434
WINTER SPRINGS FL 32708
US**

Mailing Address

**PO BOX 915322
LAKE MARY FL 32791
US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 915322

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Longwood, FL

Zip **32791-5322** Country **US**

4. FEI Number **59-2936552**

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

**NATIONAL ASSOCIATION MANAGEMENT COMPANY
165 W STATE RD 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]

MARC A. BLUM - President

1/22/2003

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 **EELLS, JANET**
STREET ADDRESS **103 N CERVIDAE DR**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **VD** ☐ Change ☒ Addition
NAME **Black, Ralph**
STREET ADDRESS **340 Cervidae Drive**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **STD** ☒ Delete
NAME **EELLS, JAN**
STREET ADDRESS **103 N CERVIDAE DR**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **STD** ☐ Change ☒ Addition
NAME **Frame, Kathy**
STREET ADDRESS **50 N. Cervidae Drive**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **TSD** ☒ Delete
NAME **KUNZWEILER, LAURA**
STREET ADDRESS **128 N CERVIDAE DR**
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **D** ☐ Change ☒ Addition
NAME **Pantin, Albert**
STREET ADDRESS **635 Whitefai Loop**
CITY-ST-ZIP **Apopka FL 32703**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *[Signature]* **REDACTED Eells**

1-21-03 (407) 880-0292

CR2E037 (10/02)