

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90082 026 ****70.00

DOCUMENT # N98000003553

1. Entity Name

**RESIDENTS ADVISORY COMMITTEE, INC. OF SPRUCE CRE
EK SOUTH**



Principal Place of Business

**17724 SE 105TH TERRACE
SUMMERFIELD FL 34491
US**

Mailing Address

**17724 SE 105TH TERRACE
SUMMERFIELD FL 34491
US**

2. Principal Place of Business

3. Mailing Address

10664 SE 178th St.
Suite, Apt. #, etc.

10664 SE 178th St.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Summerfield, FL

City & State

Summerfield, FL

4. FEI Number **59-3479768**

Applied For

Not Applicable

Zip

34491

Country

U.S.

Zip

34491

Country

U.S.

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ELDRIDGE, LELIA M
17971 SE 105TH CT.
SUMMERFIELD FL 34491**

Name

Bob Miller (Robert)

Street Address (P.O. Box Number is Not Acceptable)

10664 SE 178th St.

City

Summerfield,

FL

Zip Code

34491

7. Name and Address of New Registered Agent

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

Robert J Miller ROBERT J MILLER PD

3/6/2003

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

| | | |
|----------------|------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Delete |
| NAME | BRENNICK, ALBERT K | |
| STREET ADDRESS | 17724 SE 105TH TERRACE | |
| CITY-ST-ZIP | SUMMERFIELD FL 34491 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete |
| NAME | HELM, MARY ANN | |
| STREET ADDRESS | 10774 SE 174TH PLACE | |
| CITY-ST-ZIP | SUMMERFIELD FL 34491 | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete |
| NAME | ELDRIDGE, LELIA M | |
| STREET ADDRESS | 17971 SE 105TH CT. | |
| CITY-ST-ZIP | SUMMERFIELD FL 34491 | |
| TITLE | TD | <input checked="" type="checkbox"/> Delete |
| NAME | STRAKA, TERRY | |
| STREET ADDRESS | 10653 SE 174TH LOOP | |
| CITY-ST-ZIP | SUMMERFIELD FL 34491 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------|--|
| TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bob Miller | |
| STREET ADDRESS | 10664 SE 178th St. | |
| CITY-ST-ZIP | Summerfield, FL 34491 | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Terry Townsend | |
| STREET ADDRESS | 10629 SE 174th Loop | |
| CITY-ST-ZIP | Summerfield, FL 34491 | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Diane Edmonds | |
| STREET ADDRESS | 17748 SE 99th Ave. | |
| CITY-ST-ZIP | Summerfield, FL 34491 | |
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Charles Culler | |
| STREET ADDRESS | 9582 SE 174th Loop | |
| CITY-ST-ZIP | Summerfield, FL 34491 | |
| 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: **Robert J Miller** **3/6/2003 352-245-5292**

CR2E037 (10/02)