

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90065 037 ****61.25

DOCUMENT # 729513

1. Entity Name

SOUTH PRETTY POND PARK, INC.

Principal Place of Business

38957 STAPLEY CR
 ZEPHYRHILLS FL 33540-8434

Mailing Address

38957 STAPLEY CR
 ZEPHYRHILLS FL 33540-1435

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

65-0036324

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMNER, ROBERT D.
106 SO 6TH STREET
DADE CITY FL 33525

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	T	<input type="checkbox"/> Delete
NAME	KINKADE, ANITA	
STREET ADDRESS	38973 STAPLEY CR.	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, ROGER	
STREET ADDRESS	38956 STAPLEY CIR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BOUCHARD, MAURICE	
STREET ADDRESS	38972 STAPLEY CIRCLE	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LESSONS, PHYLLIS	
STREET ADDRESS	38933 STAPLEY CIR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WORMUTH, MARGE	
STREET ADDRESS	38980 STAPLEY CIR	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HOOVER, PEG	
STREET ADDRESS	38936 STAPLEY CIRCLE	
CITY-ST-ZIP	ZEPHYRHILLS FL	

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		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUCHARD, BARBARA	
STREET ADDRESS	38972 STAPLEY CIRCLE	
CITY-ST-ZIP	ZEPHYRHILLS, FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONKLIN, MERVIN	
STREET ADDRESS	38925 STAPLEY CIRCLE	
CITY-ST-ZIP	ZEPHYRHILLS, FL	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, JAMES	
STREET ADDRESS	38908 STAPLEY CIRCLE	
CITY-ST-ZIP	ZEPHYRHILLS, FL	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)