

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90096 027 \*\*\*\*61.25

**DOCUMENT # 739161**

1. Entity Name

**SPANISH LAKES PARK ASSOCIATION OF NOKOMIS, INC.**

**00005874**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**1340 TAMiami TRAIL  
 NOKOMIS FL 34275**

**1340 TAMiami TRAIL  
 NOKOMIS FL 34275-1566**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1965204**

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

**HARRIS, JOANN  
 306 DESOTA ST.  
 NOKOMIS FL 34275**

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

*Jo Ann Harris, Treasurer*

**1/20/00**

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 **S** ☒ Delete  
 NAME **JARRETT, JOAN**  
 STREET ADDRESS **337 DESOTO STREET**  
 CITY-ST-ZIP **NOKOMIS FL**

TITLE **Secretary** ☒ Change ☒ Addition  
 NAME **Cheryl Bonnem**  
 STREET ADDRESS **273 SAN CARLOS ST**  
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **P** ☒ Delete  
 NAME **HAMLIN, THOMAS**  
 STREET ADDRESS **14 BOCA CIEGA ST**  
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **JOE TRENT**  
 STREET ADDRESS **26 SAN CARLOS ST**  
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **D** ☐ Delete  
 NAME **MALONE, MOLLY**  
 STREET ADDRESS **44 SIERRA VISTA ST**  
 CITY-ST-ZIP **NOKOMIS FL 34275**

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

TITLE **VP** ☐ Delete  
 NAME **SCOTT, NORMA**  
 STREET ADDRESS **175 SANIBEL ST**  
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **T** ☐ Delete  
 NAME **HARRIS, JO ANN**  
 STREET ADDRESS **306 DESOTO STREET**  
 CITY-ST-ZIP **NOKOMIS FL**

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

TITLE **D** ☐ Delete  
 NAME **SCOTT, DONALD**  
 STREET ADDRESS **175 SANIBEL ST**  
 CITY-ST-ZIP **NOKOMIS FL 34275**

TITLE **V.President, First** ☒ 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 Required*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-13-2000** **941** **483-3017**  
 Date Daytime Phone #