

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 12, 2000 8:00 am
Secretary of State

06-12-2000 90043 004 ****61.25

DOCUMENT # 743102
 1. Entity Name
THE SPRING LAKE FOREST HOMEOWNERS' ASSOCIATION,

Principal Place of Business P.O. BOX 540691 ORLANDO FL 32854-0691	Mailing Address P.O. BOX 540691 ORLANDO FL 32854-0691
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DO NOT WRITE IN THIS SPACE

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 59-2859318	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOUSTON, MIKE
1412 CHARTA CT
ORLANDO FL 32804

7. Name and Address of New Registered Agent

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]*
 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

TITLE	TS	<input type="checkbox"/> Delete
NAME	HOUSTON, MIKE	
STREET ADDRESS	1412 CHARTA CT.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATCHER, MIKE	
STREET ADDRESS	1405 SYMPHONY CT	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HIRIBARNE, PETE	
STREET ADDRESS	2320 FOREST CLUB DR.	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	HURST, BILL	
STREET ADDRESS	1416 MAGNA CT	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDS, FRANK	
STREET ADDRESS	2305 FOREST CLUB DR	
CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	P	<input type="checkbox"/> Delete
NAME	WEAVER, DARRYL	
STREET ADDRESS	1411 SYMPHONY CT	
CITY-ST-ZIP	ORLANDO FL 32804	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		<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: *[Signature]* **4/28/00** 407-228-6012
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

C-R2E037 (9/98/01)