

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90024 019 ****61.25

DOCUMENT # 746245

1. Entity Name

SPANISH ACRES HOMEOWNERS' ASSOCIATION, INCORPORATED

Principal Place of Business

Mailing Address

**2179 CHANTILLY LN
DUNEDIN FL 34698**

**2179 CHANTILLY LN
DUNEDIN FL 34698**

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

59-2269107

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

**WIRTH, KATHY
2179 CHANTILLY LN
DUNEDIN FL 34698**

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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | SMEIGH, CARL | |
| STREET ADDRESS | 3134 TIMBERVIEW DR. | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | WIRTH, KATHY | |
| STREET ADDRESS | 2179 CHANTILLY LN | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | WEDEKIND, JUDY | |
| STREET ADDRESS | 3140 TIMBERVIEW DR. | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAMERON SURFACE | |
| STREET ADDRESS | 3141 FIESTA DR. | |
| CITY-ST-ZIP | DUNEDIN, FL. 34698 | |
| TITLE | TD | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WIRTH, KATHY | |
| STREET ADDRESS | 2179 CHANTILLY LN | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Glen Wede Kind | |
| STREET ADDRESS | 3140 Timberview Dr. | |
| CITY-ST-ZIP | DUNEDIN FL 34698 | |
| 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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/02 727-724-7612

CR2E037 (9/01)