

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747240

1. Entity Name

SPANISH OAKS HOMEOWNERS ASSOCIATION, INC.

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

04-26-2000 90141 008 ****61.25

Principal Place of Business

Mailing Address

P.O. BOX 1022
PALM HARBOR FL 34682

P.O. BOX 1022
PALM HARBOR FL 34682-1022

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2088271

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

ROTZ, LINDA
841 SPANISH OAKS BLVD
PALM HARBOR FL 34683

Name
ALLEN, SONDR

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

960 SPANISH OAKS BLVD

City
PALM HARBOR,

FL

Zip Code
34683

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

Sondra R Allen

President

4/18/00

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 PD
NAME ROTZ, LINDA
STREET ADDRESS 841 SPANISH OAKS BLVD.
CITY-ST-ZIP PALM HARBOR FL ☐ Delete

TITLE VD
NAME ROTZ, LINDA ☒ Change ☐ Addition
STREET ADDRESS 841 SPANISH OAKS BLVD
CITY-ST-ZIP PALM HARBOR, FL

TITLE TD
NAME MACEWEN, PATRICIA
STREET ADDRESS 2034 WINDING OAKS DR
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

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

TITLE SD
NAME CORNELL, TINA
STREET ADDRESS 1022 SPANISH OAKS BLVD.
CITY-ST-ZIP PALM HARBOR FL ☒ Delete

TITLE SD
NAME ROMANYSZYN, WENDY
STREET ADDRESS 1020 WINDING OAKS DR.
CITY-ST-ZIP PALM HARBOR, FL ☐ Change ☒ Addition

TITLE VD
NAME HATTON, JON D
STREET ADDRESS 2009 CINDY CIR.
CITY-ST-ZIP PALM HARBOR FL ☒ Delete

TITLE PD
NAME ALLEN, SONDR
STREET ADDRESS 960 SPANISH OAKS BLVD
CITY-ST-ZIP PALM HARBOR, FL ☐ Change ☒ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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: *Sondra R Allen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-00 722-754-3919

CR2E037 (9/99)