

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755656

1. Entity Name

SPRINGWOOD VILLAGE CONDOMINIUM ASSOCIATION OF LO

Principal Place of Business

160 SPRINGWOOD CIRCLE
LONGWOOD FL 32750

Mailing Address

160 SPRINGWOOD CIRCLE
LONGWOOD FL 32750-5026
US

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

59-2328596

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

Name

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

City

FL

Zip Code

FOLEY, KATHRYN
160 SPRINGWOOD CIRCLE
LONGWOOD FL 32750

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
NAME ENGINEER, EMILY ☒ Delete
STREET ADDRESS 102 ICHABOD TRAIL
CITY-ST-ZIP LONGWOOD FL 32750

TITLE Secretary ☐ Change ☒ Addition
NAME Vega, Ramona
STREET ADDRESS 165 D Springwood Circle
CITY-ST-ZIP Longwood FL 32750

TITLE S ☒ Delete
NAME KRAUSE, THOMAS
STREET ADDRESS 167-B SPRINGWOOD CIRCLE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE Treasurer ☐ Change ☒ Addition
NAME Dorsey, Robert
STREET ADDRESS 165 A Springwood Circle
CITY-ST-ZIP Longwood FL 32750

TITLE T ☐ Delete
NAME FEARON, PATRICIA
STREET ADDRESS 134-D SPRINGWOOD CIRCLE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE Vice President ☒ Change ☐ Addition
NAME Fearon, Patricia
STREET ADDRESS 134 D Springwood Circle
CITY-ST-ZIP Longwood, FL 32750

TITLE V ☒ Delete
NAME WARREN, DAWN
STREET ADDRESS 329 RAVENROCK LANE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE Director ☐ Change ☒ Addition
NAME Wilson, Kennedy
STREET ADDRESS 146 B Springwood Circle
CITY-ST-ZIP Longwood FL 32750

TITLE D ☐ Delete
NAME DIMERCURIO, IRIS W
STREET ADDRESS 132-A SPRINGWOOD CIRCLE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE President ☒ Change ☐ Addition
NAME Iris W. Dimercurio
STREET ADDRESS 132 A Springwood Circle
CITY-ST-ZIP Longwood FL 32750

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-18-00

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

01-26-2000 90115 038 ****61.25

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DO NOT WRITE IN THIS SPACE