

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755910

1. Entity Name

PALM SPRINGS AT THE SPRINGS CONDOMINIUM ASSOCIAT

Principal Place of Business

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779-5044

Mailing Address

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779

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

59-2267872

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

JAMES W. HART, JR.  
SENTRY MANAGEMENT INC  
2180 W STATE ROAD 434 STE 5000  
LONGWOOD FL 32779

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
LEVITI, PATTI  
2174 WOODBRIDGE RD  
LONGWOOD FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
CASSETTA, MARY LEE  
2164 WOODBRIDGE RD  
LONGWOOD, FL. 32779 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
HESTER, SONYA  
2140 WOODBRIDGE RD  
LONGWOOD FL 32779 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
LEVITI, PATTI  
200 MAITLAND AVE #45  
ALTAMONTE SPRINGS, FL. 32701 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CARADONNA, LISA  
2128 WOODBRIDGE RD  
LONGWOOD FL 32779 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
PARK, ANN MARY  
2168 WOODBRIDGE RD.  
LONGWOOD, FL. 32779 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CASSETTA, MARY LEE  
2164 WOODBRIDGE RD  
LONGWOOD FL 32779 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SONYA HESTER ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
KUCHAREK, DAVE  
2170 WOODBRIDGE ROAD  
LONGWOOD FL ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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:

*Sonya Hester*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 03, 2000 8:00 am  
Secretary of State

03-03-2000 90190 034 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)