

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 768511

1. Entity Name

ERCILDOUNE HEIGHTS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1623 N. US HIGHWAY 1  
STE. A2  
SEBASTIAN FL 32958

1623 N. US HIGHWAY 1  
STE. A2  
SEBASTIAN FL 32958

2. Principal Place of Business

3. Mailing Address

14190 81<sup>st</sup> AVE  
Suite, Apt. #, etc.

14190 81<sup>st</sup> AVE  
Suite, Apt. #, etc.

City & State

Sebastian FL

City & State

Sebastian - FL

4. FEI Number

59-2292336

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

FEINSILVER, WENDY  
8065-142ND STREET  
SEBASTIAN FL 32958

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  
PD  
SPOONER, MARY LOU  
14190 81ST AVENUE  
SEBASTIAN FL 32958 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPSD  
HENDERSON, TAMMY  
8006 140TH STREET  
SEBASTIAN FL 32958 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPSD  
HENDERSON, KAMALA  
8006 140TH ST  
SEBASTIAN FL 32958 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
POWELL, HILDA  
8026 141ST STREET  
SEBASTIAN FL 32958 ☐ 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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mari Lou Spooner 3/27/02  
561-589-2712

FILED  
Apr 03, 2002 8:00 am  
Secretary of State

04-03-2002 90191 030 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)