

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769727

1. Entity Name

S. V. CONDOMINIUM ASSOCIATION, INC.

**FILED**  
Jul 19, 2000 8:00 am  
Secretary of State

07-19-2000 90001 010 \*\*\*\*61.25

Principal Place of Business

201 ESPLANADE WAY  
CASSELBERRY FL 32707

Mailing Address

201 ESPLANADE WAY  
CASSELBERRY FL 32707

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2882833

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

LAMAN, PEGGY J  
P.O. BOX 540023  
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name **JOHN ALFANO**

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

~~254 LEWFIELD CIR~~

City **WINTER PARK** FL **32792**

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

*John Alfano*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/19/2000**

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

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

TITLE ☒ Delete  
NAME **PATIN, CARL**  
STREET ADDRESS **542 CASCADE CIRCLE, #104**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☒ Delete  
NAME **VP RENNER, DON**  
STREET ADDRESS **532 CASCADE CIRCLE 104**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete  
NAME **D CONNEL, BLANCHE**  
STREET ADDRESS **568 CASCADE CIR #108**  
CITY-ST-ZIP **CASSELBERRY FL**

TITLE ☒ Delete  
NAME **D BRODY, BEN**  
STREET ADDRESS **204 ESPLANADA WAY 100**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☒ Delete  
NAME **D FELDOR, CAROL**  
STREET ADDRESS **536 CASCADE CIRCLE 102**  
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE ☐ Delete  
NAME **SD HOFF, LORRAINE**  
STREET ADDRESS **236 MONTE BLANC #102**  
CITY-ST-ZIP **CASSELBERRY FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **P BEN BRODY**  
STREET ADDRESS **204 ESPLANADA WAY #100**  
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE ☒ Change ☐ Addition  
NAME **VP PAM WEAVER**  
STREET ADDRESS **540 CASCADE CIR #102**  
CITY-ST-ZIP **CASSELBERRY, FL 32707**

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

TITLE ☒ Change ☐ Addition  
NAME **T JOHNNY CHARLES**  
STREET ADDRESS **228 EVEREST PT #102**  
CITY-ST-ZIP **CASSELBERRY, FL 32707**

TITLE ☒ Change ☐ Addition  
NAME **D ANN BROOKBY**  
STREET ADDRESS **546 CASCADE #100**  
CITY-ST-ZIP **CASSELBERRY, FL 32707**

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 #

*John Alfano* President

**7/11/2000 (407) 831-4900**

CR2E037 (5/00)