

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90240 015 ****61.25

DOCUMENT # 769727

1. Entity Name

S. V. CONDOMINIUM ASSOCIATION, INC.

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

Zip

Country

Zip

Country

4. FEI Number

59-2882833

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALFANO, JOHN
254 LEWFIELD CIR
WINTER PARK FL 32782**

7. Name and Address of New Registered Agent

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

JOHN ALFANO**1-11-02**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	P	<input checked="" type="checkbox"/> Delete
NAME	AUGE, PAUL	
STREET ADDRESS	202 ESPLANADE WAY	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, PAM	
STREET ADDRESS	540 CASCADE CIR	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CHARLES, JOHNNY	
STREET ADDRESS	228 EVEREST PT #102	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE	D	<input type="checkbox"/> Delete
NAME	BROOKBY, ANN	
STREET ADDRESS	546 CASCADE #100	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE	SD	<input type="checkbox"/> Delete
NAME	HOFF, LORRAINE	
STREET ADDRESS	236 MONTE BLANC #102	
CITY-ST-ZIP	CASSELBERRY FL	

TITLE	VP	<input type="checkbox"/> Delete
NAME	HANK SKIDMORE	
STREET ADDRESS	230 EVEREST PT #104	
CITY-ST-ZIP	CASSELBERRY, FL 32707	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBBIE AMBROSE	
STREET ADDRESS	207 DIAMOND COVE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEVIN BARETT	
STREET ADDRESS	2847 SHADOW VIEW CIR.	
CITY-ST-ZIP	MAITLAND, FL 32751	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 REQUIRED James Skidmore 1/11/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)