

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08293

1. Entity Name

SPRING LAKE HOMEOWNERS ASSOCIATION OF PALM HARBO

Principal Place of Business

40347 US HIGHWAY 19 NORTH
SUITE 113
TARPON SPRINGS FL 34689-4841
US

Mailing Address

40347 US HIGHWAY 19 NORTH
SUITE 201
TARPON SPRINGS FL 34689
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 59-3147054

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

KARAGIANIS, IRENE
% J PROPERTY MGMT INC
40347 US 19 N #201
TARPON SPRINGS FL 34689

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 PD
NAME WITASZEK, CHRISTOPHER
STREET ADDRESS 7633 BUITA DES MORTS
CITY-ST-ZIP NEW PT RICHEY FL 34654 ☒ Delete

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

TITLE VPD STD
NAME BECKLUND, VICTOR M
STREET ADDRESS 5835 DERRINGER CT
CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Delete

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

TITLE STD
NAME WITASZEK, HEIDI
STREET ADDRESS 7633 BUITA DES MORTS
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☒ Delete

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

TITLE PD
NAME JEAN DUBRIAN
STREET ADDRESS 10830 BROOKHAVEN DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ Delete

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

TITLE VPD
NAME LESTER DIADNOTI
STREET ADDRESS 7621 PIPING ROCK A
CITY-ST-ZIP NEW PORT RICHEY FL 34654 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727
4-1-01 848-1898

12E037 (10/00)

FILED
Apr 23, 2001 8:00 am
Secretary of State
04-23-2001 90039 033 ****61.25



DO NOT WRITE IN THIS SPACE