## 2001 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N13839** 1. Entity Name

## SPRINGTREE WEST COVE HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business 3785 NW 91ST LANE SUNRISE FL 33351

Mailing Address

3785 NW 91ST LANE SUNRISE FL 33351

## FILED Jan 23, 2001 8:00 am Secretary of State

01-23-2001 90046 045 \*\*\*\*61.25

ANTORD



2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		<del> –</del>	4. FEI Number	65-0044736		plied For t Applicable
Zip	Country	Zip Cour		_	5. Certificate of	of Status Desired	\$8.75 Add	itional
	6. Name and Address of Current F	egistered Agent			7. Name and	Address of New Regis		
******			Na	ame				
~~~ · .	^	÷	St	Street Address (P.O. Box Number is Not Acceptable)				
CIANO, SA				Shoot read out the same and the				
3591 NW SUNRISE		City						
SUNNISE	FL 33331			ity	••		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.								
4. The above time, and the amount of the bound of the amount of the bound of the amount of the amoun								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OATE								
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FILE NOW:		Election Campaign Financing     Trust Fund Contribution.			00 May Be		Make Check Payable to  Department of State	
	FEE IS \$61.25	1100(110100011111000111111000111111000111111		Adde	10 1 000	, осра	michi di Giaic	1
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHA	NGES TO OFFICERS	AND DIRECTORS IN	10
TITLE	PD 🗀 Delete		TITLE		☐ Change			☐ Addition 3
NAME	CURRY, MICHAEL		NAME					
STREET ADDRESS	5555 N.W. 5101 EARL		STREET AD					
CITY-ST-ZIP	SUMMOL 1 L		CITY-ST-Z	IIP		· · ·		
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	JUNKIOL IL		TITLE				☐ Change	Addition
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STREET ADDRESS	3591 N.W. 91ST LANE		STREET AD	DRESS				
CITY-ST-ZIP	SUNRISE FL		CITY-ST-Z	ZIP				
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NAME	•		NAME					
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TITLE NAME		☐ Delete	TITLE NAME				广 ⊃ cumide	
NAME STREET ADDRESS			STREET AD	ORESS				
CITY-ST-ZIP			CITY-ST-Z					+
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated as this report of supplemental report in true and excurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director								

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under outn; that I am an olitier of 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 withyan address, with all other like empowered.

AU LA REQUIRED