

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29572

1. Entity Name

SPRING FOREST HOMEOWNERS ASSOCIATION, INC. OF VO

Principal Place of Business

495 SPRING FOREST DRIVE
NEW SMYRNA BEACH FL 32168

Mailing Address

495 SPRING FOREST DRIVE
NEW SMYRNA BEACH FL 32168-8705

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

NOT APPLICABLE

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

STORCH, HANSEN & MORRIS, P.A.

~~1600 S. GULF BLVD.~~

~~DAVIE FL 33124~~

~~DAYTONA BEACH FL 32114~~

420 S. Nova Road
Daytona Beach, FL.
32114

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	MILLER, DAVID	495 SPRING FOREST DRIVE	NEW SMYRNA BEACH FL 32168	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	MILLER, LINDA	495 SPRING FOREST DRIVE	NEW SMYRNA BEACH FL 32168	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	KEEVAN, ROBERT	235 SPRING FOREST DRIVE	NEW SMYRNA BEACH FL 32168	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	HANSEN, MARY	435 SPRING FOREST DRIVE	NEW SMYRNA BEACH FL 32168	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 as empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90022 029 ****61.25

C0030822



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)