## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** N29572

1. Entity Name

## SPRING FOREST HOMEOWNERS ASSOCIATION, INC. OF VO



**FILED** Mar 19, 2003 8:00 am Secretary of State

03-19-2003 90117 014 \*\*\*\*61.25

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LUSIA				ĺ		/			
495 SPRING FOREST DRIVE 495			ailing Address 25 SPRING FOREST DRIVE EW SMYRNA BEACH FL 32168						
2. Principal Place of Business 3.			Mailing Address						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_			
City & St	tata					☐ CHECK HERE IF MAKING CHANGES			
			City & State			4. FEI Number	NOT APPLICA		Applied For
Zip	Country	-	Zip	Cour	ntry	5. Certificate of S	tatus Desired	\$8.75 A	Not Applicable
	6. Name and Address of Curre	nt Registe	ered Agent	<del></del>		!		Fee Requi	
					Name	7. Name and Add	iress of New Regi	stered Agent	
STOR	CH, HANSEN & MORRIS, P.A.		Street Address			P.O. Box Number is Not Acceptable)			
	NOVA ROAD Ona Beach FL 32119			-			NOI Acceptable)		
	0101 02101112 02113			-	0.1				
9 The show					City			FL Zip Co	
the obliga	re named entity submits this statement ations of registered agent.	for the pur	pose of changing its	registered	d office or registe	ered agent, or both, in	the State of Florida	. I am familiar with	, and accept
	· · · ·								
SIGNATURE									
	Signature, typed or printed name of registered age	ent and title if ap	pplicable. (NOTE	E: Registered A	Agent signature require	ed when reinstating)	······································	DATE	<del></del>
FILE NOW: FEE IS \$61.25  9. Election Camp Trust Fund Co						\$5.00 May Be Added to Fees	Make Florida D	Check Payable Department of	to State
10.	OFFICERS AND D	DIRECTORS	3	11.		ADDITIONS/CHANGE	S TO OFFICERS A	ND DIRECTORS IN	110
TITLE	PD .		☐ Delete	TITLE	<u> </u>		- O TO OTTIOETION	Change	Addition
NAME STREET ADDRESS	MILLER, DAVID  495 SPRING FOREST DRIVE			NAME	'			onango	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 321	68		STREET A	ADDRESS 1-7IP				
TITLE	ST		☐ Delete	TITLE		<del></del>			<del></del>
NAME	MILLER, LINDA			NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	495 SPRING FOREST DRIVE			STREET A	ADDRESS,				
TITLE	NEW SMYRNA BEACH FL 3210	58	NO.	CITY-ST				<u></u>	
NAME	KEEVAN, ROBERT		Delete Delete	TITLE NAME	00		·•)	🔀 Change	Addition
STREET ADDRESS	235 SPRING FOREST DRIVE			STREET A	ADDRESS 465	EO PRESTO SPEING	peest o	ne.	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 3216	38		CITY-ST-	ZIP NEU	u swyena	BEACH	FL 3211	. G
TITLE	D		☐ Delete	TITLE		7,0,10		□ Change	☐ Addition
NAME STREET ADDRESS	HANSEN, MARY			NAME				Change	Audinon
CHTY-ST-ZIP	435 SPRING FOREST DRIVE NEW SMYRNA BEACH FL 3216	<b>:</b> 9		STREET A	· ]				
ITLE	THE STITLE SERVICE SER	~	☐ Delete	1	- Lir			- <u>-</u>	
IAME			r⊐ Detete	TITLE NAME				Change	☐ Addition
TREET ADDRESS				STREET AL	DDRESS				:
ITY-ST-ZIP			<u> </u>	CITY-ST-	ZIP				ĺ
ITLE			☐ Delete	TITLE				☐ Change	☐ Addition
AME TREET ADDRESS				NAME					riduitib[]
TY-ST-ZIP			•	STREET AD	1				1
	ertify that the information and it is		<del> </del>	CITY-ST-	ZIP				

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

**SIGNATURE:** 

REQUIRER

MILL FA