

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0077456

DOCUMENT # N38467

1. Entity Name

VILLAGE ON THE POND COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CECILIA DENSON
 1938 BRAINERD CT
 LUTZ FL 33549
 US

C/O CECILIA DENSON
 1938 BRAINERD CT
 LUTZ FL 33549
 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

59-3205350

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

DENSON, CECILIA
 1938 BRAINERD CT
 LUTZ FL 33549

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

Cecilia Denson

[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	P WINTERAL, STEVE 1920 BRAINERD CT LUTZ FL 33549	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DENSON, CECILIA 1938 BRAINERD CT LUTZ FL 33549	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMINN, STEPHEN 1906 BRAINERD CT LUTZ FL 33549	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, SUSAN 1921 CLOVERDALE CT LUTZ FL 33549	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OPILA, DANIEL 21614 WYTHEVILLE WAY LUTZ FL 33549	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DETROIA, MARIO 1909 BRAINERD CT LUTZ FL 33549	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Judy SANCHEZ 1953 BRAINERD CT LUTZ, FL 33549	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wood, Linda 1949 CLOVERDALE CT LUTZ, FL 33549	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)