

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90024 004 \*\*\*\*61.25

**DOCUMENT # N46565**

1. Entity Name

**PONDEROSA ESTATES HOME OWNER'S ASSOCIATION, INC.**

**C0020297**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1855 SE 185 COURT  
 SILVER SPRINGS FL 34488  
 US

Mailing Address

1855 SE 185 COURT  
 SILVER SPRINGS FL 34488  
 US

2. Principal Place of Business

~~1855 SE 185 COURT~~  
 Suite, Apt. #, etc.  
 Silver Springs  
 City & State  
 FL

3. Mailing Address

1855 SE 185 COURT  
 Suite, Apt. #, etc.  
 Silver Springs  
 City & State  
 FL

4. FEI Number

**59-3180061**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**KILMER, BETTY J**  
 1855 SE 185 COURT  
 SILVER SPRINGS FL 34488

7. Name and Address of New Registered Agent

Name **Same -**

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

*Betty J. Kilmer Pres.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**2-7-01**

**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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GEARHART, THEODOR	
STREET ADDRESS	18621 S.E. 18TH STREET	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KILMER, BETTY	
STREET ADDRESS	1855 S.E. 185TH COURT	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input type="checkbox"/> Delete
NAME	GWINN, NATHANIEL	
STREET ADDRESS	18548 SE 19TH STREET	
CITY-ST-ZIP	SILVER SPRING FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FORTH, FRANCIS W.	
STREET ADDRESS	18389 S.E. 18TH STREET	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	THOMSON, DOROTHEA	
STREET ADDRESS	1930 SE 183RD TERRACE	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BRUNELL, RAYMOND	
STREET ADDRESS	18385 S.E. 18TH STREET	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Betty Kilmer	
STREET ADDRESS	1855 SE 185 COURT	
CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Quinn, Nathaniel	
STREET ADDRESS	18548 SE 19th St.	
CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gearhart, Theodor	
STREET ADDRESS	18621 S.E. 18th St.	
CITY-ST-ZIP	Silver Springs FL 34488	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanley Shollette	
STREET ADDRESS	1820 SE 187th	
CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dorothea, Thomson	
STREET ADDRESS	1930 SE 183rd Terrace	
CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger Sheets	
STREET ADDRESS	1843 S.E. 185 Court	
CITY-ST-ZIP	Silver Springs, FL 34488	

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:

*Betty J. Kilmer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-7-01**

CR2E037 (10/00)