

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90090 039 ****61.25

DOCUMENT # N46565

1. Entity Name

PONDEROSA ESTATES HOME OWNER'S ASSOCIATION, INC.

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

18621 SE 18th St.

3. Mailing Address

18621 SE 18th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Silver Springs

Silver Springs

City & State

City & State

FL

FL

Zip

34488

Country

Marion

Zip

34488

Country

Marion

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 Theodore Gearhart

Street Address (P.O. Box Number is Not Acceptable)

18621 SE 18th St.

City Silver Springs FL Zip Code 34488

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

Theodore Gearhart Theodore Gearhart Mar 14, 2002

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

TITLE	P	<input type="checkbox"/> Delete
NAME	KILMER, BETTY	
STREET ADDRESS	1855 SE 185 COURT	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GWINN, NATHANIEL	
STREET ADDRESS	18548 SE 19TH STREET	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEARHART, THEODORE	
STREET ADDRESS	18621 SE 18TH STREET	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHOLETTE, STANLEY	
STREET ADDRESS	1820 SE 187TH	
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	SHEETS, ROGER	
STREET ADDRESS	1843 SE 185 COURT	
CITY-ST-ZIP	SILVER SPRINGS FL 34488	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Theodore Gearhart	
STREET ADDRESS	18621 SE 18th St.	
CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	VP	<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	ST	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stanley Sholette	
STREET ADDRESS	1820 SE 187th	
CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nathaniel Gwin	
STREET ADDRESS	18548 SE 19th	
CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanley Sholette	
STREET ADDRESS	1820 SE 187th	
CITY-ST-ZIP	Silver Springs, FL 34488	
TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edna Dryden	
STREET ADDRESS	18671 SE 18th St	
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:

Theodore Gearhart Theodore Gearhart Mar 14, 2002 352-625-1085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)