

2002 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-13-2002 90126 015 *****61.25

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1. Entity Name

SUNVISTA HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

**400 SUN VISTA
 SANFORD FL 32773-7422
 US**

Mailing Address

**498 ESTHER LANE
 ALTAMONTE SPRINGS FL 32714
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3218044

Applied For

Not Applicable

Zip

Country

Zip

Country

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

William
**BRIGGLE, WILLIAM B
 498 ESTHER LANE
 ALTAMONTE SPRINGS FL 32714**

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

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 **PD** ☐ Delete
 NAME **CLINARD, ROBERT**
 STREET ADDRESS **400 SUNVISTA CT.**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☒ Delete
 NAME **EVERLING, NENE M**
 STREET ADDRESS **220 SUN VISTA CT**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE **VPD** ☐ Change ☒ Addition
 NAME **Ginger Fitzpatrick**
 STREET ADDRESS **210 Sunvista Ct.**
 CITY-ST-ZIP **Sanford, FL 32773**

TITLE **VFB** ☐ Delete
 NAME **ROBERTS, KATHY**
 STREET ADDRESS **310 SUN VISTA CT**
 CITY-ST-ZIP **SANFORD FL 32773**

TITLE **Secretary-Treasurer** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-02

Date

407-774-1374

Daytime Phone #

CRF-5037 (9/01)