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

## DOCUMENT # N9400000781

1. Entity Name

## SPIRIT LAKE VILLAGE HOMEOWNERS ASSOCIATION. INC.



FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90981 003 \*\*\*\*61.25

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Principal Plac	ce of Business		Mailin	ng Address .								
2723 THORNHILL RD AUBURNDALE FL 33823				2723 THORNHILL RD AUBURNDALE FL 33823								
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2. Principal Place of Business			3. Mai	3. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			Ci	City & State			4. FEI Number <b>59-3374875</b>			Applied For		
Zip	·	Country	Zij	p	Cou	intry	5. Certificate of	Status Desired		8.75 Add		
	6. Name a	and Address of Curre	nt Registere	ed Agent	<u> </u>	·	7. Name and A	ddress of New Re		ee Require jent	<u> </u>	
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SADLER,	, danny Ornhill RD					Street Addre	ess (P.O. Box Number i	s Not Acceptable)			<u></u>	
	DALE FL 338					· · · · · · · · · · · · · · · · · · ·						
						City	<u></u>		FL	Zip Cod	e	
			t for the purp	oose of changing its	registere	ed office or regi	istered agent, or both,	in the State of Flori	da. I am fa	miliar with,	and accept	
the obligat	tions of registe	red agent.										
SIGNATURE												
							T. T. State and Associated A.		DATE			
	Signature, typed o	r printed name of registered ag	ent and title if app	plicable. (NOT	E: Registered	d Agent signature rec	quired when reinstating)					
		FIEE IS \$61.25	ent and title if app	9. Election Car Trust Fund (	mpalgn Fi	inancing	\$5.00 May Be Added to Fees		e Check Departr			
10.				9. Election Car Trust Fund (	mpalgn Fi	inancing	<b>\$5.00</b> May Be	Florida	e Check Departr	nent of S	State	
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2. Thereby certify that the mormation supplied with this filing does not quality 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:** 

CHON DE WOODLEROUIL ARD A SADLER

4-4-200

863-967-4235