

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000003798

1. Entity Name

VILLAS AT SPRING CREEK HOMEOWNERS ASSOCIATION, I

Principal Place of Business

3410 NORTH HARBOR CITY BLVD.
SUITE A
MELBOURNE FL 32935
US

Mailing Address

P O BOX 410009
MELBOURNE FL 32941-0009
US

2. Principal Place of Business

4760 N US-1

Suite, Apt. #, etc.

201

City & State

Melbourne FL

Zip

32935

Country

USA

3. Mailing Address

4760 N US-1

Suite, Apt. #, etc.

201

City & State

Melbourne FL

Zip

32935

Country

USA

4. FEI Number

59-3326273

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GENONI, JOHN M.
3410 NORTH HARBOR CITY BLVD.
SUITE A
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name John M Genoni

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

4760 N US-1

City

Melbourne

FL

Zip Code

32935

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

11 JAN 99

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
NAME GENONI, JOHN M. ☐ Delete
STREET ADDRESS 3410 N HARBOR CITY BLVD., SUITE A
CITY-ST-ZIP MELBOURNE FL 32935

TITLE D
NAME KERN, RICHARD ☐ Delete
STREET ADDRESS 2715 N. HARBOR CITY BLVD., #9
CITY-ST-ZIP MELBOURNE FL 32935

TITLE D
NAME GENONI, JOHN P. ☐ Delete
STREET ADDRESS 3410 N. HARBOR CITY BLVD., SUITE A
CITY-ST-ZIP MELBOURNE FL 32935

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Pres ☒ Change ☐ Addition
NAME John M Genoni
STREET ADDRESS 4760 N-US-1 suite 201
CITY-ST-ZIP Melbourne FL 32935

TITLE D ☒ Change ☐ Addition
NAME Richard Kern
STREET ADDRESS 4760 N-US-1 suite 203
CITY-ST-ZIP Melbourne FL 32935

TITLE D ☒ Change ☐ Addition
NAME John P Genoni
STREET ADDRESS 4760 N US-1 suite 201
CITY-ST-ZIP Melbourne FL 32935

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

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

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

Date

Daytime Phone #

11 JAN 99 321-255-7601

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90188 001 ***228.75



DO NOT WRITE IN THIS SPACE