

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90490 004 \*\*\*\*61.25

**DOCUMENT # N97000001585**

1. Entity Name

**SPRUCE CREEK PRESERVE HOMEOWNERS' ASSOCIATION, I  
NC.**



Principal Place of Business

**21800 WEST SR 434 STE 5000  
LONGWOOD FL 32779-5044  
US**

Mailing Address

**21800 WEST SR 434 STE 5000  
LONGWOOD FL 32779-5044  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number **59-3512652**

Applied For

Not Applicable

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

**HART, JAMES JR  
21800 WEST SR 434 STE 5000  
SENTRY MANAGEMENT  
LONGWOOD FL 32779**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIOTTA, ROBERT 11376 SW 136TH PLACE DUNNELLON FL 34432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HENDRIX, LINDA 11376 SW 136TH PLACE DUNNELLON FL 34432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MARIANI, NANCY 11376 SW 136TH PLACE DUNNELLON FL 34432	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLECKLEY, BEN 11376 SW 136TH PLACE DUNNELLON FL 34432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHEFTER, ARTHUR 13832 SW 114TH CIR DUNNELLON FL 34432	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEBIO, RON 14332 SW 115TH CIR DUNNELLON FL 34432	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LYNDA HENDRIX 14160 SW 111TH CT. DUNNELLON, FL 34432	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GLADYS S. KEDDIE 11667 SW 139TH STREET DUNNELLON FL 34432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN MCKENNA 13651 SW 111TH CIR DUNNELLON, FL 34432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RON LEBIO 14332 SW 115TH CIR. DUNNELLON FL 34432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O.J. JOYCE 11299 SW 139TH PL. DUNNELLON FL 34432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM DUNCKER 13808 SW 114TH CIR DUNNELLON FL 34432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:

*[Signature]*

Nancy  
Mariani 3-18-03 (352) 861-0159

CR2E037 (10/02)