

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004009

1. Entity Name

SPRING HARBOR HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90056 035 ****61.25

Principal Place of Business

980 MONTGOMERY ROAD
SUITE 3
ALTAMONTE SPRINGS FL 32714

Mailing Address

P.O. BOX 1605080
ALTAMONTE SPRINGS FL 32716

2. Principal Place of Business

2627 West State Road 434

3. Mailing Address

Suite, Apt. #, etc.

City & State
Longwood, FL

City & State

4. FEI Number

59-3493840

Applied For
Not Applicable

Zip
32779

Country
USA

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

KANAGA, MERIDYTHE
980 MONTGOMERY ROAD
SUITE 3
ALTAMONTE SPRINGS FL 32714

Name

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

2627 West State Road 434

City
Longwood

FL

Zip Code
32779

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

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	DPT	<input type="checkbox"/> Delete
NAME	HONEY, RICHARD N	
STREET ADDRESS	3 BROOK AVENUE	
CITY-ST-ZIP	KINSALE VA 22488	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	RONCA, LOUIS G	
STREET ADDRESS	205 HONEYSUCKLE DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LAZARUS, RANDALL C	
STREET ADDRESS	300 WILD OLIVE LANE	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

Randall Lazarus, Sec.

2/15/00

407/862-2292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)