

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

0129194 AT

**DOCUMENT # P00000034531**

1. Entity Name  
**SAN POLO VILLAS HOMEOWNER'S ASSOCIATION, INC.**

09-06-2001 90267 022 \*\*\*550.00

Principal Place of Business  
**740 LAKE ELLA ROAD**  
**FRUITLAND PARK FL 34731**

Mailing Address  
**740 LAKE ELLA ROAD**  
**FRUITLAND PARK FL 34731**



2. Principal Place of Business  
**746 VIA SAN POLO**

3. Mailing Address  
**P.O. Box 1924**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**LADY LAKE, FL**

City & State  
**Lady Lake, FL**

4. FEI Number  
☒ Applied For  
☐ Not Applicable

Zip  
**32159**

Country  
**LAKE**

Zip  
**32158**

Country  
**LAKE**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RICHEY, STEVEN J**  
**1009 NORTH 14TH STREET**  
**LEESBURG FL 34749-2460**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒ (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FORTIN, JOSEPH P</b> <b>P.O. BOX 128</b> <b>LADY LAKE FL 32158-0128</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>MARTIN, ECKHARDT O</b> <b>747 VIA SAN POLO</b> <b>LADY LAKE FL 32159</b>	<input type="checkbox"/> Delete <b>Same</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MEUCCI, LOUIS</b> <b>740 LAKE ELLA ROAD</b> <b>FRUITLAND PARK FL 34731</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>Pierre R Fortin</b> <b>746 VIA SAN POLO</b> <b>Lady Lake, FL 32159</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Pierre R. Fortin</b> <b>746 VIA SAN POLO</b> <b>Lady Lake, FL 32159</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ECKHARDT O MARTIN</b> <b>747 VIA SAN POLO</b> <b>Lady Lake, FL 32158</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/22/01** **352 750-0478**  
 Date Daytime Phone #

CR2E034 (5/01)