

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729162

1. Entity Name

WOODLAKE ASSOCIATION, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90001 035 ****61.25

Principal Place of Business
C/O INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD., STE 110
LARGO FL 33770
US

Mailing Address
C/O INFINITI PROPERTY MANAGEMENT, INC.
1301 SEMINOLE BLVD., STE 110
LARGO FL 33770-8124
US



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|--|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 59-2023853 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|----|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| INFINITI PROPERTY MANAGEMENT INC. 1301 SEMINOLE BLVD., SUITE 110 LARGO 33770 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | | | | |
| | | | | City | | FL | |

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|----------------------------|------------------------------|--|---|------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MUENZER, VICTORIA L | | NAME | | |
| STREET ADDRESS | 2066 SUNSET POINT RD, #92 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | OLLIFF, ANDREW B | | NAME | | |
| STREET ADDRESS | 2076 SUNSET POINT ROAD, #147 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL 33765 | | CITY-ST-ZIP | | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SCHOENHERR, KENNETH | | NAME | | |
| STREET ADDRESS | 2057 SUNSET POINT ROAD, #24 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL 33756 | | CITY-ST-ZIP | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | SHAFRAN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAFRON, BRIAN | | NAME | 2076 SUNSET PT Rd #147 | |
| STREET ADDRESS | 2068 SUNSET PT RD #101 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL | | CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WALL, SUSAN | | NAME | | |
| STREET ADDRESS | 2054 SUNSET POINT ROAD, #36 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLEARWATER FL 33756 | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: *Brian Shafran* **Brian Shafran**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00 222-447-0619
Date Daytime Phone #

CR2E037 (9/99)