

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743964

1. Entity Name

WOODS OF ROLLING HILLS HOMEOWNERS' ASSOCIATION,

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90340 012 ****61.25

Principal Place of Business

Mailing Address

2421 S.W. 127TH AVENUE
DAVIE FL 33325
US

2421 S.W. 127TH AVENUE
DAVIE FL 33325-5600
US

A0062149



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2314848

Applied For

Not Applicable

Zip

Country

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

MIELE BROS. MANAGEMENT, INC.
2421 S.W. 127TH AVENUE
DAVIE FL 33325

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/13/00

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 PD ☐ Delete
NAME BLAKENEY, BECKY
STREET ADDRESS 3960 S.W. 83 TERRACE
CITY-ST-ZIP DAVIE FL 33328

TITLE VPD ☐ Delete
NAME POSHELUK, WILLIAM
STREET ADDRESS 8211 S.W. 39 COURT
CITY-ST-ZIP DAVIE FL 33328

TITLE SD ☒ Delete
NAME HARDY, TRINA
STREET ADDRESS 8440 S.W. 39 COURT
CITY-ST-ZIP DAVIE FL 33328

TITLE TD ☐ Delete
NAME BECKNER, LAURIE
STREET ADDRESS 3950 S.W. 83 TERRACE
CITY-ST-ZIP DAVIE FL 33328

TITLE D ☒ Delete
NAME SCHMIDT, SIEGFRIED
STREET ADDRESS 8391 SW 39 CT
CITY-ST-ZIP DAVIE FL 33328

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE ASD ☐ Change ☒ Addition
NAME NELSON, MARILYN
STREET ADDRESS 8361 SW 39 CT
CITY-ST-ZIP DAVIE FL 33328

TITLE TD ☒ Change ☐ Addition
NAME GORDECKE, LAURIE Beckner
STREET ADDRESS 3950 SW 83 TERRACE
CITY-ST-ZIP DAVIE FL 33328

TITLE Penrose, JANE ☐ Change ☒ Addition
NAME
STREET ADDRESS 8400 SW 34 COURT
CITY-ST-ZIP DAVIE FL 33328

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 19.07(3)(l), 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 #

Becky Blakeney, President 4/20/2000 954-465-5852

CR2E037 (9/99)