

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90001 048 ****61.25

DOCUMENT # 753112

1. Entity Name

WEYBRIDGE WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2414 BUTTERNUT CT
DUNEDIN FL 34698
US

2414 BUTTERNUT CT
DUNEDIN FL 34698-2252
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2001262**

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

POPHAM, NEAL R
2414 BUTTERNUT CT
DUNEDIN FL 34698

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

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
NAME	MADDOCK, JEFF	
STREET ADDRESS	1184 WEYBRIDGE LA	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ORA, PAM	
STREET ADDRESS	1354 STURBRIDGE CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRADY, JAY	
STREET ADDRESS	2325 ASHFORD CT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	DT	<input type="checkbox"/> Delete
NAME	PATE, GEORGE	
STREET ADDRESS	1453 STURBRIDGE	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	POPHAM NEAL	
STREET ADDRESS	2414 BUTTERNUT CT	
CITY-ST-ZIP	DUNEDIN FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	DE LOSH, SANDI	
STREET ADDRESS	2401 PALM BLVD	
CITY-ST-ZIP	DUNEDIN FL 34698	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALTER Petzold	
STREET ADDRESS	1494 STURBRIDGE	
CITY-ST-ZIP	Dunedin, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward Hawkes	
STREET ADDRESS	2325 Ben Hogan Dr.	
CITY-ST-ZIP	Dunedin, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Perkins	
STREET ADDRESS	2326 Spicewood Ct.	
CITY-ST-ZIP	Dunedin, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Kovach	
STREET ADDRESS	2301 Tiverton Ct.	
CITY-ST-ZIP	Dunedin, FL	
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 Neal R. Popham

1/20/2000

727-733-7140

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)