

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 12, 2001 8:00 am**  
**Secretary of State**

04-12-2001 90055 039 \*\*\*\*61.25

**DOCUMENT # 755930**

1. Entity Name

**WEXFORD WEST HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

PO BOX 473  
 PALM HARBOR FL 34682

PO BOX 473  
 PALM HARBOR FL 34682

00010001



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

**59-2060768**

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

**TANKEL, ROBERT L**  
**1299 MAIN ST.**  
**STE. F**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DT	LENOX, JAMES	501 MERVAN DR	PALM HARBOR, FL 00000 34683	<input type="checkbox"/>
DV	SALKOVITZ, MARK	401 FERNSHIRE DR.	PALM HARBOR FL 34683	<input checked="" type="checkbox"/>
D	STRAMMIELLO, CAROL	381 FERNSHIRE DR.	PALM HARBOR FL 34683	<input type="checkbox"/>
DP	WRIGHT, FLORENCE	470 HADLEY DR	PALM HARBOR FL 34683	<input checked="" type="checkbox"/>
DS	THOMPSON, JUDY	921 CARDINGAN WAY	PALM HARBOR FL 34683	<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
D	GOLSON, JERROLD	971 CORTLAND WAY	PALM HARBOR FL 34683	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DV				<input checked="" type="checkbox"/>	<input type="checkbox"/>
DS	JOYNER, RENEE	441 MERVAN DRIVE	PALM HARBOR FL 34683	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 (JAMES T. LENOX DT) 4/10/02 (727) 789-2176  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)