## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # 755930**

1. Entity Name



## **FILED** Mar 21, 2003 8:00 am Secretary of State

03-21-2003 90128 015 \*\*\*\*61.25

WEXFUR	n megi homeomnerg, ya	SOCIATION, INC.						
Principal Place of Business PO BOX 473 PALM HARBOR FL 34682		Mailing Address PO BOX 473 PALM HARBOR FL 34682						
2. Principal F	Place of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEIN	4. FEI Number 59-2060768 Applied For			
7.		7			33 2000100		Not Applicable	
Zip	Country	Zip	Country	<b>5.</b> Certi	floate of Status Desir	ed	Additional equired	
	6. Name and Address of Current	Registered Agent	Nome	7. Nam	and Address of N	ew Registered Agent		
COLCON JERROLD				Name				
	i, jerrold Myrtle ave		Street A	Street Address (P.O. Box Number is Not Acceptable)				
STE 105								
CLEARW	ATER FL 33756		City			FL   Zip	Code	
8. The above	named entity submits this statement for	or the purpose of changing its r	egistered office or	registered agent,	or both, in the State		with, and accept	
the obliga	tions of registered agent.	•					į	
SIGNATURE	Signature, typed or printed name of registered agent	and this of an element						
	Signature, typed or printed frame or registered agent	and the happicable. (NOTE:		ore required when reinstati	ng)	DATE		
FILE NOW: FEE IS \$61.25  9. Election Campaig Trust Fund Contril				□ \$5.00 r Added to		Make Check Paya Iorida Department		
10.	OFFICERS AND DIF	RECTORS	11.	ADDITION	S/CHANGES TO OF	FICERS AND DIRECTO	RS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT OLSON, CARL R 1011 CORTLAND WAY PALM HARBOR FL 34683	□ Delete ·	TITLE NAME STREET ADDRESS - CITY-ST-ZIP			☐ Ch	ange	
TITLE	D GOLSON, JERROLD	☐ Delete	TITLE	PRJ3102	<b>4</b> T	<b>≭</b> Chi	ange 🗆 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	971 CORTLAND WAY PALM HARBOR FL 34683	والمع والمتعلق المعليان المهارات الماسان	NAME STREET ADDRESS CITY-ST-ZIP	<del></del>	•			
TITLE	DV STRAMMIELLO, CAROL	<b>™</b> Delete	TITLE	VP	107 511 5	☐ Chi	ange 🔀 Addition	
NAME STREET ADDRESS	381 FERNSHIRE DR.		NAME STREET ADDRESS	411 MER	JAZELLE AVAN CT			
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP		RBOR F			
TITLE	DS	☐ Delete	TITLE		,	☐ Ch	ange 🔲 Addition	
NAME	JOYNER, RENEE		NAME CIRCIT ADDRESS				1	
STREET ADDRESS CITY-ST-ZIP	441 MERAVAN DRIVE PALM HARBOR FL 34683		STREET ADDRESS CITY-ST-ZIP					
TITLE	DP DP	Delete	TITLE			Cha	ange	
NAME	THOMPSON, JUDY	2000	NAME	DO PO THY	l •		- Lu Mariton	
STREET ADDRESS	921 CARDINGAN WAY		STREET ADDRESS					
CITY-ST-ZIP	PALM HARBOR FL 34683		CITY-ST-ZIP	N. 4.9	<del>a</del> .	<del></del>	-	
TITLE		☐ Delete	TITLE	DIRECTO		☐ Cha	inge <b>A</b> Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS	Ummus La	ENOX EVAN DR.			
CITY-ST-ZIP			CITY-ST-ZIP	DALM H	ARADR FZ	34683		

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:

727 446-4826