

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90043 050 ****70.00

DOCUMENT # 766494

1. Entity Name

WELLS RIDGE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1732 KINGSLEY AVE., SUITE 202
 ORANGE PARK FL 32073
 US

1732 KINGSLEY AVE., SUITE 202
 ORANGE PARK FL 32073
 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 **59-2373023**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PERRY, ALAN
1732 KINGSLEY AVE.
STE. 202
ORANGE PARK FL 32073

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** ☐ Delete
 NAME **COOPERMAN, MARY**
 STREET ADDRESS **85 DEBARY AVE #2073**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **VD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DP** ☒ Delete
 NAME **ALEXANDER, NANCY**
 STREET ADDRESS **85 DR BARRY AVENUE # 2034**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

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

TITLE **DT** ☐ Delete
 NAME **TISON, ARTHUR**
 STREET ADDRESS **52 FINCH CT**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

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

TITLE **DS** ☒ Delete
 NAME **SHARROW, JULEE**
 STREET ADDRESS **85 DE BARRY AVENUE # 2032**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☐ Change ☐ Addition
 NAME **Mike Burson**
 STREET ADDRESS **85 Debarry Ave #1064**
 CITY-ST-ZIP **Orange Park, FL 32073**

TITLE **DV** ☒ Delete
 NAME **BAILEY, DENNIS**
 STREET ADDRESS **85 DR BARRY AVENUE #2033**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **SP** ☐ Change ☐ Addition
 NAME **Alana Buzza**
 STREET ADDRESS **85 Debarry Ave #3046**
 CITY-ST-ZIP **Orange Park FL 32073**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☐ Change ☒ Addition
 NAME **Steve O'Leary**
 STREET ADDRESS **85 Debarry Ave #2062**
 CITY-ST-ZIP **Orange Park FL 32073**

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:

Steven M. O'Leary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)