

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90065 042 \*\*\*\*70.00

DOCUMENT # **NO1000000246**  
 1. Entity Name **Homeowner's**  
**Woodland Lake**  
**ASSOCIATION of HAINES CITY, INC**

Principal Place of Business **LOT 177** Mailing Address  
**5401 U.S. HWY 17-92 W.** **5401 U.S. HWY 17-92 W**  
**HAINES CITY, FL 33844** **HAINES CITY**  
**FL 33844** **LOT 177**

**00056658**

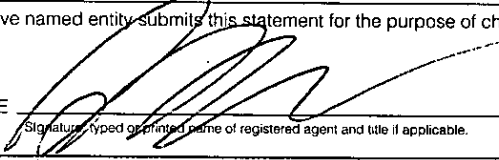
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **Applied for**  Applied For  Not Applicable  
 5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**Robert T. Terenzi**  
**1917 Boothe Circle**  
**St 171**  
**Longwood FL 32750**

7. Name and Address of New Registered Agent  
 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  (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>P</b> <b>WILLIAM R. Oldenettel</b> <b>5401 HWY 17-92 W. LOT 30</b> <b>HAINES CITY, FL 33844</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>T</b> <b>WERNER Schroeder</b> <b>5401 HWY 17-92 W. LOT 73</b> <b>HAINES CITY, FL 33844</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D</b> <b>ELTON HOWARD</b> <b>5401 HWY 17-92 W. LOT 124</b> <b>HAINES CITY, FL 33844</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>S</b> <b>MARY Alice GARDNER</b> <b>5401 HWY 17-92 W. LOT 83</b> <b>HAINES CITY, FL 33844</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D</b> <b>Ruth ISGRO</b> <b>5401 HWY 17-92 W. LOT 105</b> <b>HAINES CITY, FL 33844</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>D</b> <b>JAN Schmitmeyer</b> <b>5401 HWY 17-92 W. LOT 92</b> <b>HAINES CITY, FL 33844</b>	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-25-01**  
 Date Daytime Phone #

CR2E037 (11/00)