

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90036 045 ****61.25

0082206

DOCUMENT # NO1000000246

1. Entity Name

WOODLAND LAKE HOMEOWNER'S ASSOCIATION OF HAINES CITY, INC.

Principal Place of Business

**5401 US HWY. 17-92
LOT 177
W. HAINES CITY FL 33844-6519**

Mailing Address

**5401 US HWY. 17-92
LOT 177
W. HAINES CITY FL 33844-6519**

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

59-3210361 **APPLIED FOR**

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

**TERENZIO, ROBERT T
1917 BOOTH CIR., SUITE 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	Sec.	<input type="checkbox"/> Delete
NAME	OLDENETTEL, WILLIAM R	
STREET ADDRESS	5401 HWY 17-92 W. LOT 30	
CITY-ST-ZIP	HAINES CITY FL 33844	

TITLE	T	<input type="checkbox"/> Delete
NAME	SHROEDER, WERNER	
STREET ADDRESS	5401 HWY 19-92 W LOT 73	
CITY-ST-ZIP	HAINES CITY FL 33844	

TITLE	Pres	<input type="checkbox"/> Delete
NAME	HOWARD, ELTON	
STREET ADDRESS	5401 HWY 17-92 W. LOT 124	
CITY-ST-ZIP	HAINES CITY FL 33844	

TITLE	DD	<input type="checkbox"/> Delete
NAME	GARDNER, MARY ALICE	
STREET ADDRESS	5401 SW 17-92 W. LOT 83	
CITY-ST-ZIP	HAINES CITY FL 33844	

TITLE	DD	<input type="checkbox"/> Delete
NAME	ISGRO, RUTH	
STREET ADDRESS	5401 HWY 17-92 W. LOT 105	
CITY-ST-ZIP	HAINES CITY FL 33844	

TITLE	Vice-Pres	<input type="checkbox"/> Delete
NAME	SCHMITMEYER, JAN	
STREET ADDRESS	5401 HWY 17-92 W. LOT 92	
CITY-ST-ZIP	HAINES CITY FL 33844	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARE CHOUTINARD	
STREET ADDRESS	5401 HWY 17-92 W. LOT 118	
CITY-ST-ZIP	HAINES CITY, FL 33844	

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		

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		

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:**William R Oldennett**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)