

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

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90109 021 ****61.25

DOCUMENT # N02000005222

1. Entity Name

WOODSONG HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**237 WESTMONTE DRIVE
SUITE 111
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**237 WESTMONTE DRIVE
SUITE 111
ALTAMONTE SPRINGS FL 32714**

00029530



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**165 W S.R. 434
WINTER SPRINGS, FL 32708**

3. Mailing Address

**PO BOX 915322
LONGWOOD, FL 32791-5322**

4. FEI Number

06-1638745

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NATIONAL ASSOCIATION MANAGEMENT COMPANY
165 WEST S.R. 434
WINTER SPRINGS FL 32708**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

MARC A. BLUM - President

1/30/2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BENNETT, DANA A**
STREET ADDRESS **237 WESTMONTE DRIVE, SUITE 111**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☐ Delete
NAME **WILLS, ERIC K**
STREET ADDRESS **237 WESTMONTE DRIVE, SUITE 111**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **D** ☐ Delete
NAME **HEATH, JERI ANN**
STREET ADDRESS **237 WESTMONTE DRIVE, SUITE 111**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP

CR2E037 (10/02)

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

1-2-03

407-862-1300