

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90085 032 \*\*\*\*61.25

**DOCUMENT #** N09030

**1. Entity Name**  
 WOODSHIRE HOMEOWNERS ASSOCIATION, INC.

**Principal Place of Business**      **Mailing Address**  
 187 Forest Lakes Blvd.      187 Forest Lakes Blvd.  
 Naples, FL 34105      Naples, FL 34105

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**      **4. FEI Number**      **Applied For**  
 Zip      Country      Zip      Country      59-2519162      Not Applicable

**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

00074442

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**      **7. Name and Address of New Registered Agent**

Gracey, Robert T.  
 187 Forest Lakes Blvd.  
 Naples, FL 34105

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** *Robert T. Gracey*      **DATE** 4/12/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Csogi, William	NAME	
STREET ADDRESS	202 Woodshire Lane	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34105	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ribes, John	NAME	
STREET ADDRESS	218 Woodshire Lane	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34105	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weaver, Peggy	NAME	
STREET ADDRESS	102 Woodshire Lane	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34105	CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kalupy, Barbara	NAME	
STREET ADDRESS	205 Woodshire Lane	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34105	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ordway, John	NAME	
STREET ADDRESS	206 Woodshire Lane	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34105	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Devito, Vincent	NAME	
STREET ADDRESS	101 Woodshire Lane	STREET ADDRESS	
CITY-ST-ZIP	Naples, FL 34105	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:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)