

2001 UNIFORM BUSINESS REPORT (UBR)

4/25

FILED
May 18, 2001 8:00 am
Secretary of State

04-25-2001 90153 023 ****61.25

DOCUMENT #

1. Entity Name **N09030**

WOOLSHIRE HOMEOWNERS ASSOCIATION, INC.

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

2. Principal Place of Business
 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-2519162**
 Applied For Not Applicable

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

3166

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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 *Robert T. Gracey* **ROBERT T. GRACEY** **5/7/01**
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Hedenstrom, Jack 207 Woodshire Lane Naples, FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ribes, John 218 Woodshire Lane Naples, FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Coffin, Leonard 112 Woodshire Lane Naples, FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Taylor, Maryann 201 Woodshire Lane Naples, FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ordway, John 206 Woodshire Lane Naples, FL 34105	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DeVito, Vincent 101 Woodshire Lane Naples, FL 34105	<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 type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Leonard P. Coffin* **Leonard P. Coffin** **4/16/01**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/00)