


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

**FILED**  
**May 08, 2003 8:00 am**  
**Secretary of State**

05-08-2003 90150 045 \*\*\*\*61.25

**DOCUMENT # N09030**

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



Principal Place of Business      Mailing Address

**187 FOREST LAKES BLVD  
NAPLES FL 34105**      **187 FOREST LAKES BLVD  
NAPLES FL 34105**

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 **59-2519162**      Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

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

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, Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>COFFIN, LEONARD</b>	
STREET ADDRESS	<b>112 WOODSHIRE LN.</b>	
CITY-ST-ZIP	<b>NAPLES FL 34105</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>HEDENSTROM, JACK</b>	
STREET ADDRESS	<b>207 WOODSHIRE LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34105</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>RIBES, JOHN</b>	
STREET ADDRESS	<b>218 WOODSHIRE LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34105</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, MARYANN</b>	
STREET ADDRESS	<b>201 WOODSHIRE LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34105</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ORDWAY, JOHN</b>	
STREET ADDRESS	<b>206 WOODSHIRE LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34105</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DIVITO, VINCENT</b>	
STREET ADDRESS	<b>101 WOODSHIRE LANE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34105</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>AST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GRACEY, ROBERT</b>	
STREET ADDRESS	<b>187 FOREST LAKES BLVD.</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34105</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GIBBS, JUNE</b>	
STREET ADDRESS	<b>213 WOODSHIRE LANE</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34105</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>KALLAY, BARBARA</b>	
STREET ADDRESS	<b>205 WOODSHIRE LANE</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34105</b>	
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: \_\_\_\_\_      **4/24/03 235-649-5667**

CR2E037 (10/02)