

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90070 021 ****61.25

DOCUMENT # N30272

1. Entity Name

WOODBURY HOMEOWNERS' ASSOCIATION OF LAKELAND, IN

Principal Place of Business

Mailing Address

7505 GUNSTOCK DRIVE.
 LAKELAND FL 33809-6600
 US

7505 GUNSTOCK DRIVE
 LAKELAND FL 33809-6600
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
P.O. BOX 1232

Suite, Apt. #, etc.
P.O. BOX 1232

City & State
KATHLEEN, FL

City & State
KATHLEEN, FL

Zip
33849

Country
USA

Zip
33849

Country
USA

4. FEI Number
59-2956012

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

7. Name and Address of New Registered Agent

WARNOCK, CARL C., SR.
 7505 GUNSTOCK DRIVE
 LAKELAND FL 33809

Name
ROBERT CAHALL

Street Address (P.O. Box Number is Not Acceptable)
2109 WALES COURT

City
LAKELAND

FL

Zip Code
33810

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 H. Cahall* **Robert H. Cahall**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **WARNOCK, CARL C., SR.**
 STREET ADDRESS **1408 W. PARKER DR.**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **PD** Change Addition
 NAME **ROBERT CAHALL**
 STREET ADDRESS **2109 WALES COURT**
 CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE **STD** Delete
 NAME **WARNOCK, CARL C., JR.**
 STREET ADDRESS **4115 ROLLING OAK DRIVE**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **VPD** Change Addition
 NAME **GERALD MATHIEU**
 STREET ADDRESS **5705 MANCHESTER DRIVE W.**
 CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE **D** Delete
 NAME **WARNOCK, DONNA**
 STREET ADDRESS **4115 ROLLING OAK DRIVE**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **STD** Change Addition
 NAME **JEROME HAHN**
 STREET ADDRESS **5745 MANCHESTER DRIVE W.**
 CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **DEBRA CANTARA**
 STREET ADDRESS **2117 WALES COURT**
 CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Carl Plemons**
 STREET ADDRESS **5766 Manchester Drive E**
 CITY-ST-ZIP **Lakeland FL 33810**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: *Jerome B. Hahn*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerome B. Hahn

Date

4/24/00 863-816-0582

Daytime Phone #

CR2E037 (9/99)