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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N30272

WOODBURY HOMEOWNERS' ASSOCIATION OF LAKELAND, IN

FILED
Jul 21, 2002 8:00 am
Secretary of State
07-21-2002 90013 001 ****61.25

U.									
Principal Pla	ace of Business	Mailing Address							
PO BOX 1232 KATHLEEN FL 33849 US		PO BOX 1232 KATHLEEN FL 33849 US	KATHLEEN FL 33849			DATAGMAN			
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2. Principal	Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Ap	Suite, Apt. #, etc. Suite, A		ite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & St	ate	City & State	City & State		4. FEI Number Applied For			Angled For	_
				.	T. I ET NOMBER	9-2956012		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of S	status Desired	\$8.75 A	dditional	
	6. Name and Address of Curr	rent Registered Agent			7. Name and Ad	dress of New Re	·	100	\dashv
			Nam		in a f				7
HAINES.	CHARLES A	·	Stree	et Address (P	Mas E O. Box Number is	Not Acceptable)			
	NCHESTER DRIVE		5	722	O. Box Number is	ter Dr.	<u> </u>	ue	↲
LAKELAN	ID FL 33810								
			City	akela	und		FL ZipC	8810	7
8. The abov	e named entity submits this stateme	nt for the purpose of changing its	registered office	e or registere	d agent, or both, in	the State of Flori	ida Lam familiar wit	o and account	-{
the obliga	ations of registered agent.		•	_	J		ada. Tan tantina Tit	i, and docept	
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SIGNATURE			12 1	81C1		16	YUM LO	102	1
	Signature, typed or printed name of registered a	scent and title if applicable. (NOTE	Registered Agent eig	gnature required w	then rejectorium)				1
<u>.</u>	Signature, typed or printed name of registered a	agent and title if applicable. (NOTE	: Registered Agent sig	gnature required w	hen reinstating)		Juny 20		
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	After September 13, 2002,	gent and title if applicable. (NOTE 9. Election Cam Trust Fund C	paign Financing	g §	5.00 May Be	Make	e Check Payable	e to	
4	After September 13, 2002, min. will be \$236.25.	9. Election Cam Trust Fund C	paign Financing	g 🗆 🥻	55.00 May Be added to Fees	Maki De	e Check Payable partment of Sta	e to	
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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

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