

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 21, 2002 8:00 am
Secretary of State

07-21-2002 90013 001 ****61.25

0013684

DOCUMENT # N30272

1. Entity Name

WOODBURY HOMEOWNERS' ASSOCIATION OF LAKELAND, IN C.

Principal Place of Business

Mailing Address

PO BOX 1232
 KATHLEEN FL 33849
 US

PO BOX 1232
 KATHLEEN FL 33849
 US

WOODBURY



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2956012

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAINES, CHARLES A
5826 MANCHESTER DRIVE
LAKELAND FL 33810

Name **Thomas Estes**

Street Address (P.O. Box Number is Not Acceptable)
5722 Manchester Dr. E

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

SIGNATURE

Thomas B Estes **Thomas B Estes**

16 July 2002

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

DATE

After September 13, 2002,
min. will be \$236.25.

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 NAME STREET ADDRESS CITY-ST-ZIP	PD HAINES, CHARLES A 5826 MANCHESTER DRIVE LAKELAND FL 33810	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATHIEU, GERALD 5705 MANCHESTER DR. W LAKELAND FL 33810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HAHN, JEROME 5745 MANCHESTER DR. W. LAKELAND FL 33810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTARA, DEBRA 2117 WALES CT LAKELAND FL 33810	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLEMONS, CARL 5766 MANCHESTER DR. E LAKELAND FL 33810	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Thomas Estes 5722 Manchester Dr E Lakeland FL 33810	<input checked="" 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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Ernie Tanksley 5727 Manchester Dr E Lakeland FL 33810	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Storts 5817 Manchester Dr W Lakeland FL 33810	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR20037 (4/02)

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

Thomas B Estes

16 July 2002 PG 38194508