

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90129 039 ****61.25

DOCUMENT # N50324

1. Entity Name

THE WOODLANDS AT CAROLINA HOMEOWNERS ASSOCIATION

Principal Place of Business

% UNITED COMMUNITY MGMT
 3300 UNIVERSITY DR., #405
 CORAL SPRINGS FL 33065
 US

Mailing Address

% UNITED COMMUNITY MGMT
 3300 UNIVERSITY DR., #405
 CORAL SPRINGS FL 33065-4130
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0354970

Applied For

Not Applicable

Zip

Country

Zip

Country

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

UNITED COMMUNITY MGMT CORP
3300 UNIVERSITY DR., #405
CORAL SPRINGS FL 33065

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> De'ete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	ERBAS, ELIZABETH	3187 BAYBERRY WAY	MARGATE FL 33063	<input type="checkbox"/>	ERB, Elizabeth	381			<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	ARIAS, ALBERT	3156 BAYBERRY WAY	MARGATE FL 33063	<input type="checkbox"/>	Arias				<input type="checkbox"/>	<input type="checkbox"/>
SD	ESPOSITO, LORI ANN	3150 BAYBERRY WAY	MARGATE FL 33063	<input type="checkbox"/>	VPD	3078 Bayberry Way			<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	CARLEY, BRENDA	3150 BAYBERRY WAY	MARGATE FL 33063	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	BOGAR, JAYNE	3054 BAYBERRY WAY	MARGATE FL 33063	<input checked="" type="checkbox"/>	SD Pitterson, Janet	3060 Bayberry Way	Margate, FL 33063		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

Elizabeth Erb RE PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00
 Date

344-2462
 Daytime Phone #

CR2E037 (9/99)