


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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90136 039 ****61.25

DOCUMENT # N94000003111

1. Entity Name
WOODBURY PINES PROPERTY OWNERS' ASSOCIATION, INC



Principal Place of Business Mailing Address

**C/O PENN FIRST MANAGEMENT
453 MARK TWAIN BLVD
ORLANDO FL 32828
US**

**C/O PENN FIRST MANAGEMENT
453 MARK TWAIN BLVD
ORLANDO FL 32828
US**

2. Principal Place of Business 3. Mailing Address

**PENN FIRST
MANAGEMENT INC
1813 N.DEAN RD
ORLANDO FL 32817**

**PENN FIRST
MANAGEMENT INC
1813 N.DEAN RD
ORLANDO FL 32817**



CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2118447** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent


~~SHEELER, LAWRENCE M
C/O PENN FIRST MANAGEMENT, INC
453 MARK TWAIN BLVD
ORLANDO FL 32828~~

7. Name and Address of New Registered Agent

**PENN FIRST
MANAGEMENT INC
1813 N.DEAN RD
ORLANDO FL 32817**

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  **LAWRENCE SHEELER** DATE **4/8/03**

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

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 | SD | <input checked="" type="checkbox"/> Delete |
| NAME | LEIBOLD, GLENN | |
| STREET ADDRESS | 232 WOODBURY PINES CIRCLE | |
| CITY-ST-ZIP | ORLANDO FL 32828 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BOTTEMVEY, DAVID | |
| STREET ADDRESS | 305 WOODBURY PINES CIRCLE | |
| CITY-ST-ZIP | ORLANDO FL 32828 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DOMINGUEZ, EVELIO | |
| STREET ADDRESS | 124 WOODBURY PINES CIRCLE | |
| CITY-ST-ZIP | ORLANDO FL 32828 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHERRY, TRACY | |
| STREET ADDRESS | 409 WOODBURY PINES CIR | |
| CITY-ST-ZIP | ORLANDO FL 32828 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOTTOMLEY, DAVID | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LIEBOLD, GLENN | |
| STREET ADDRESS | 232 WOODBURY PINES CIR | |
| CITY-ST-ZIP | ORLANDO, FL 32828 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| 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 other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** **23 Apr 03 407-719-2586**

CR2E037 (10/02)