

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91342 009 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # *N96000004305*

1. Entity Name *WOODBURY PARK HOMEOWNERS ASSOCIATION, INC.*

Principal Place of Business *444 West New England Avenue, #B Winter Park, FL 32789*

Mailing Address *c/o Specialty Management 444 West New England Ave #B Winter Park FL 32789*

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

4. FEI Number *59-3734025* Applied For Not Applicable

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

Zip Country Zip Country

6. Name and Address of Current Registered Agent
Kevin Davis
444 West New England Avenue, Suite B
Winter Park, FL 32789

7. Name and Address of New Registered Agent
 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]* DATE *4/18/01*

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

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW FEE IS \$61.25

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<i>ISO</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>MONA BYRNES</i>	NAME	
STREET ADDRESS	<i>12727 Parkbury Drive</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Orlando, FL 32828</i>	CITY-ST-ZIP	
TITLE	<i>PD</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>PAUL VIAU</i>	NAME	
STREET ADDRESS	<i>12735 Parkbury Drive</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Orlando, FL 32828</i>	CITY-ST-ZIP	
TITLE	<i>VPD</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>RAFAEL ROSADO</i>	NAME	
STREET ADDRESS	<i>12723 Parkbury Drive</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Orlando, FL 32828</i>	CITY-ST-ZIP	
TITLE	<i>D</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>MADALINE ALLEN</i>	NAME	
STREET ADDRESS	<i>12604 Parkbury Drive</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Orlando, FL 32828</i>	CITY-ST-ZIP	
TITLE	<i>D</i> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SHARON HENRY</i>	NAME	
STREET ADDRESS	<i>12606 Parkbury Drive</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Orlando, FL 32828</i>	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* DATE *22 April 2001* 407-823-3789

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/00)