

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

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

04-28-2003 91520 023 ****61.25

DOCUMENT # N96000006344

1. Entity Name

WENTWORTH ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044**

Mailing Address

**2180 WEST SR 434
SUITE 5000
LONGWOOD FL 32779-5044**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-8483018**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W JR
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779-5044**

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GHANDOUR, AHMAD	
STREET ADDRESS	501 N. ORLANDO AVE., STE. 233	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	VD	<input type="checkbox"/> Delete
NAME	JANISHEFSKI, JERRY	
STREET ADDRESS	2912 ASHTON TER	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	PASTRANA, MAGDA	
STREET ADDRESS	2925 ASHTON TER	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STEPHAN, REINHARD G	
STREET ADDRESS	2699 LEE RD., STE. 540	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WINTERS, THOMAS	
STREET ADDRESS	2889 ASHTON TER	
CITY-ST-ZIP	OVIDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMY PETERS	
STREET ADDRESS	2893 ASHTON TER	
CITY-ST-ZIP	OVIDO, FL 32765	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHARLES SAMAHA	
STREET ADDRESS	2928 ASHTON TER	
CITY-ST-ZIP	OVIDO, FL 32765	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEAN WORRALL	
STREET ADDRESS	2929 ASHTON TER	
CITY-ST-ZIP	OVIDO, FL 32765	
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 all other like empowered.

SIGNATURE:

Jerry Janishefski
Jerry Janishefski

407 971-9296