

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001191

1. Entity Name

WOODSTONE PROPERTY OWNERS ASSOCIATION, INC.

**FILED**

00 OCT 23 AM 11:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 5300 SOUTH ORANGE AVENUE ORLANDO FL 32809	Mailing Address 5300 SOUTH ORANGE AVENUE ORLANDO FL 32809
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2. Principal Place of Business 206 ELM AVENUE Suite, Apt. #, etc.	3. Mailing Address 206 ELM AVE Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SANFORD, FL	City & State SANFORD, FL	4. FEI Number 59-3479102	Applied For <input type="checkbox"/> Not Applicable
Zip 32771	Country USA	Zip 32771	Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GLANCE, GEORGE  
108 PARK PLACE BLVD  
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent

Name: ANGELIA L. GORDON  
Street Address: 206 ELM AVENUE  
City: SANFORD FL Zip Code: 32771

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

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

Make Check Payable to Department of State

FILE NOW: FEE IS \$61.25  
After September 13, 2000 min. will be \$236.25

10. OFFICERS AND DIRECTORS	
TITLE: D	NAME: HARRELL, ROBERT- STREET ADDRESS: 5300 SOUTH ORANGE AVENUE CITY-ST-ZIP: ORLANDO FL 32809
TITLE: D	NAME: SMITH, ROGER STREET ADDRESS: 5300 SOUTH ORANGE AVENUE CITY-ST-ZIP: ORLANDO FL 32809
TITLE: D	NAME: GLANCE, GEORGE STREET ADDRESS: 108 PARK PLACE BLVD CITY-ST-ZIP: KISSIMMEE FL 32809
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: P/D	NAME: DON PACERES STREET ADDRESS: 8062 ELMSTONE DR. CITY-ST-ZIP: ORLANDO, FL 32822
TITLE: VP/D	NAME: RICHARD RIVERA STREET ADDRESS: 8082 ELMSTONE CIV. CITY-ST-ZIP: ORLANDO, FL 32822
TITLE: P/D	NAME: NORA DAVILLA STREET ADDRESS: 8025 ELMSTONE C.V. CITY-ST-ZIP: ORLANDO, FL 32822
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE:	NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE:	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: *X* SIGNATURE REQUIRED *09/07/00*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *PROCS.* Date Daytime Phone #

CR2E037 (5/00)