

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 27, 2000 8:00 am
Secretary of State

05-17-2000 90938 039 ****61.25

DOCUMENT # N99000000534

1. Entity Name
ISLEBROOK AT MEADOW WOODS HOMEOWNERS' ASSOCIATIO *R*

Principal Place of Business Mailing Address

120 FAIRWAY WOODS BLVD. **120 FAIRWAY WOODS BLVD.**
ORLANDO FL 32824 **ORLANDO FL 32824-9028**

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 **59-3616767** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WEISENFELD, JOSEPH J
550 BILTMORE WAY, SUITE 1120
CORAL GABLES FL 33134

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 _____ DATE _____
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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	O'HARA, CHARLES D	
STREET ADDRESS	120 FAIRWAY WOODS BLVD.	
CITY - ST - ZIP	ORLANDO FL 32824	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BRINGMAN, COLLEEN	
STREET ADDRESS	120 FAIRWAY WOODS BLVD.	
CITY - ST - ZIP	ORLANDO FL 32824	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ERSKINE, CINDY L	
STREET ADDRESS	120 FAIRWAY WOODS BLVD.	
CITY - ST - ZIP	ORLANDO FL 32824	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAWKS, CANDICE H.	
STREET ADDRESS	120 FAIRWAY WOODS BLVD.	
CITY - ST - ZIP	ORLANDO, FL. 32824	
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 an other like empowered.

SIGNATURE: *Charles O'Hara* Date: **4/17/00**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)