

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90025 037 ****61.25

DOCUMENT # N99000001829

1. Entity Name

THE INWOOD COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2504 AVE. G. N.W.
 WINTER HAVEN FL 33880

2504 AVE. G. N.W.
 WINTER HAVEN FL 33880-2137



3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33881

Country

POIK

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

City & State

Zip

33881

Country

POIK

3999 Ave. A. N.W. P.O. 2451

Central Ave. Post office

WINTER HAVEN, FL

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESROCHERS, CHRISTOPHER
 2504 AVE. G. N.W.
 WINTER HAVEN FL 33880

Name LAURIE A. BAKER

Street Address (P.O. Box Number is Not Acceptable)
 3999 Ave. A. N.W.

City Winter Haven

FL

Zip Code 33881

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 Laure A. Baker LAURIE A. BAKER 5/1/00
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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input checked="" type="checkbox"/> Delete
NAME	Christopher Desrochers	
STREET ADDRESS	2504 Ave. G. N.W.	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	Vice President	<input checked="" type="checkbox"/> Delete
NAME	LAURIE A. BAKER	
STREET ADDRESS	3999 Ave. A. N.W.	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	Treasurer	<input checked="" type="checkbox"/> Delete
NAME	Bob Rhodes	
STREET ADDRESS	1904 36th St N.W.	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	Secretary	<input checked="" type="checkbox"/> Delete
NAME	Monique Desrochers	
STREET ADDRESS	2504 Ave. G. N.W.	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAURIE A. BAKER	
STREET ADDRESS	3999 Ave. A. N.W.	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wendy Deleporte	
STREET ADDRESS	2604 Ave R. N.W.	
CITY-ST-ZIP	Winter Haven, FL 33881	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cleveland Smith	
STREET ADDRESS	3636 Ave M. N.W.	
CITY-ST-ZIP	Winter Haven FL 33881	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTIE THOMAS	
STREET ADDRESS	37th St N.W.	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
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 all other like empowered.

SIGNATURE Laure A. Baker LAURIE A. BAKER 5/1/00 604-4231
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)