FILED

Jun 09, 2000 8:00 am Secretary of State

05-09-2000 90133 046 ****61.25

426-665

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9900003404

1. Entity Name

WOODHAVEN ESTATES VILLAS PROPERTY OWNERS ASSOCIA

14601 TAMIAMI TRAIL

SIGNATURE:

Principal Place of Business

Mailing Address

Which GETES LEXARED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14601 TAMIAMI TRAIL N. PORT FL 34287-2712

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2. Principal P	Place of Business			11 (1 1 1 1 1 1 1 1 1	V 4373) (1 616) 21170 (1 1 46 17) 16 17 16 18 17				
. Thiopartias of Boshess		3. Mailing Address			Asb (8410 1614) Busto edi		iil 21511 56	} +	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Numbe	er ,		<u> </u>	plied For Applicable	}
Zip Country		Zip	Country ,	5 Certificate	of Status Desired		.75 Add	litional	1
8. Name and Address of Current Registered Agent				<u> </u>	Address of New	199	Require	<u> </u>	
	6. Name and Address of Currer	t Hegistered Agent	Name	/, Name and	Augress of New	negistered Age			1
				Street Address (P.O. Box Number is Not Acceptable)					
-ELMY, ROBERT A			Sileary	The control of the part terminal of the temperature of the same and th					
	MIAMI TRAIL								ì
N. PORT F	L 3428/		City		:	FL	Zip Cod	8	1
The obour	named entity submits this statement	for the purpose of changing its	registered office of	v registered agent, or bot	h in the state of F				1
s. The above	e named entity submits this statement	for the purpose of changing its i	registered onice t	a registered agent, or bot	, iii ti lo state oi i	onda.			
									1
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
	Signature, typed or printed name or regulatered age	nt and the il appricable. (NOTE	: Wednatered Wilser erdus	TOTAL LOCATION OF MARKET CONTINUES.	, 				4
	ER E NOW!	Financing	\$5.00 May Be Make Check Pa			evenie to			
FILE NOW: 9. Election Campaig FEE IS \$61.25 Trust Fund Contri				\$5.00 May Be Added to Fees		epartment of		•	1
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10.	OFFICERS AND DIRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
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NAME STREET ADORESS	ELMY, ROBERT A		NAME STREET ADDRESS						3
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AME	ALLEN, CHARLES		NAME	Allan, Car	7773	/			
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NAME Street address	·		NAME STREET ADDRESS	}					1
CITY-ST-ZIP			CITY-ST-ZIP						1
12 Thereby	L certify that the information supplied w	ith this filing does not qualify for	the exemption sta	ated in Section 119.07(3)(i), Florida Statutes	I further certify	that the in	nformation	1
hateninni	on this report or supplemental report reporation or the receiver or trystee em	is true and accurate and that m	IV SICINATILITA SNAT	nave ine same legal eligi:	t as it made unde <i>t</i>	oaur that Lam a	BI OILCE	UI UIII BUUI	
changed	, or on an attachment with an address	with all other like empowered.			<u></u>	.,			