

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90495 003 ****70.00

DOCUMENT # N47863

1. Entity Name

WOODFIELD OAKS COMMUNITY ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 1125
 CLARCONA FL 32710
 US

Mailing Address

P.O. BOX 1125
 CLARCONA FL 32710
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3074393

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ROFFEY, DAWN
1580 WOODFIELD OAKS DRIVE
APOPKA FL 32703

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

Signature, if not printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Dawn Roffey, Treasurer

4/3/01

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 checked="" type="checkbox"/> Delete
NAME	ROFFEY, DAWN J	
STREET ADDRESS	1580 WOODFIELD OAKS DRIVE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	KELLY, WILLIAM	
STREET ADDRESS	1448 WOODFIELD OAKS DRIVE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LONDONO, MICHELLE	
STREET ADDRESS	1449 CRAWFORD DRIVE	
CITY-ST-ZIP	APOPKA FL 32703	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOAN KENNEDY	
STREET ADDRESS	1440 Crawford Dr.	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMY COTE	
STREET ADDRESS	1456 CRAWFORD DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWN ROFFEY	
STREET ADDRESS	1580 WOODFIELD OAKS DR	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kathleen Urbanovic	
STREET ADDRESS	2089 Regal St.	
CITY-ST-ZIP	APOPKA FL 32703	
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:

SIGNATURE OF DAWN J. ROFFEY

4/3/01 401-299-8871

CR2E037 (10/00)