

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47863

1. Entity Name

WOODFIELD OAKS COMMUNITY ASSOCIATION, INC.

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90027 002 ****70.00

0055816

Principal Place of Business Mailing Address
P.O. BOX 1125 P.O. BOX 1125
CLARCONA FL 32710 CLARCONA FL 32710
US US

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 59-3074393 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]* DAWN ROFFEY 2/9/02
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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, JOAN		NAME	JANIE BASS	
STREET ADDRESS	1440 CRAWFORD DRIVE		STREET ADDRESS	1408 WOODFIELD OAKS DR	
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COTE, AMY		NAME		
STREET ADDRESS	1456 CRAWFORD DRIVE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROFFEY, DAWN		NAME		
STREET ADDRESS	1580 WOODFIELD OAKS DRIVE		STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URBANONC, KATHLEEN		NAME	Nancy Minigh	
STREET ADDRESS	2089 REGAL ST		STREET ADDRESS	1457 Crawford Dr.	
CITY-ST-ZIP	APOPKA FL 32703		CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* DAWN ROFFEY 2/9/02 407 2998871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)