

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90084 017 ****61.25

DOCUMENT # NO1000006908

1. Entity Name

HARBOR LAKES AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

LELAND MANAGEMENT, INC.

Suite, Apt. #, etc.

1633 E. VINE ST., SUITE 110

City & State

KISSIMMEE, FL 34744

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0613070

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WEISENFELD, JOSEPH J
 550 BILTMORE WAY, STE. 1120
 CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name **REBECCA FORD CAM**
 Street Address (P.O. Box Number is Not Acceptable)
Leland Management, Inc
1633 E. Vine Street, Suite 110
 City **Kissimmee, FL** Zip Code **34744**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Rebecca Ford

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 ☐ Delete
 NAME **O'HARA, CHARLES D**
 STREET ADDRESS **120 FAIRWAY WOODS BLVD.**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Change ☐ Addition
 NAME **Wright Christopher S**
 STREET ADDRESS **120 Fairway Woods Blvd**
 CITY-ST-ZIP **Orlando FL 32824**

TITLE ☐ Delete
 NAME **HAWKS, CANDICE H**
 STREET ADDRESS **120 FAIRWAY WOODS BLVD.**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DST ERSKINE, CINDY L**
 STREET ADDRESS **120 FAIRWAY WOODS BLVD.**
 CITY-ST-ZIP **ORLANDO FL 32824**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 *Candice H. Hawks* **CANDICE H. HAWKS 9/19/02 (407) 240-0000**

CR2E037 (4/02)