2002 UNIFORM BUSINESS REPORT (UBR)

0004929

DOCUMENT # N00000007950

1. Entity Name

WETHERBEE LAKES HOMEOWNERS' ASSOCIATION, INC.

FILED

02 OCT 31 PM 12:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA
500008724785
10/31/02--01045--021 **236.25

REINSTATEMENT DO NOT WRITE IN THIS SPACE 02

Principal Place of Business	Mailing Address
C/O PENN FIRST MANAGEMENT. INC. ~~453 MARK TWAIN BLVD.~~ ~~ORLANDO FL 32828~~	C/O PENN FIRST MANAGEMENT. INC. ~~453 MARK TWAIN BLVD.~~ ~~ORLANDO FL 32828~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 1813 N. DEAN RD #103	Suite, Apt. #, etc.: 1813 N DEAN RD #103
City & State: ORLANDO, FL	City & State: ORLANDO, FL
Zip: 32817 Country: USA	Zip: 32817 Country: USA

4. FEI Number: APPLIED FOR ☐ 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
SHEELER, LAWRENCE M C/O PENN FIRST MANAGEMENT, INC. ~~453 MARK TWAIN BLVD.~~ ~~ORLANDO FL 32828~~	Name Street Address (P.O. Box Number is Not Acceptable): 1813 N. DEAN RD, SUITE 103 City: ORLANDO FL Zip Code: 32817

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: [signature] M. [illegible] 10/22/02

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DST DREELE, WAYNE V 4005 MARONDA WAY SANFORD FL 32771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Billy Rousch ~~DST~~ 1101 N. Keller Rd. Ste F Orlando, FL 32810	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LOGSDON, JEFFREY J 4005 MARONDA WAY SANFORD FL 32771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Tom Greenawalt 1101 N. Keller Rd. Ste F Orlando, FL 32810	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HOWARD, SCOTT C 4005 MARONDA WAY SANFORD FL 32771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DP~~ DP Scott Howard 1101 N. Keller Rd, Ste F Orlando, FL 32810	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/02)

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 REQUIRED 10.11.02