

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90180 039 \*\*\*\*61.50

**DOCUMENT # N94000001108**

1. Entity Name

**WOODBURY GLEN HOMEOWNER'S ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**190 NORTH WESTMONTE DRIVE  
SUITE 100  
ALTAMONTE SPRINGS FL 32714  
US**

**190 NORTH WESTMONTE DRIVE  
SUITE 100  
ALTAMONTE SPRINGS FL 32714  
US**

**30073034**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3256423**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CAMPBELL, MARILYN  
190 NORTH WESTMONTE DRIVE  
SUITE 100  
ALTAMONTE SPRINGS FL 32714**

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

SIGNATURE

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **STD** ☒ Delete  
NAME **RICE, DAVID**  
STREET ADDRESS **12809 WOODBURY GLEN DR**  
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **P/D** ☐ Change ☒ Addition  
NAME **Jim Rothrock**  
STREET ADDRESS **9780 Wild Oak Drive**  
CITY-ST-ZIP **Winderemere, FL 34786**

TITLE **PD** ☒ Delete  
NAME **HESTERLY, HAL**  
STREET ADDRESS **12827 WOODBURY GLEN DR**  
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **D** ☐ Change ☒ Addition  
NAME **Rebecca L. Friedel**  
STREET ADDRESS **12755 Woodbury Oak Drive**  
CITY-ST-ZIP **Orlando, FL 32826**

TITLE **VD** ☒ Delete  
NAME **ELNSON, JOYCE**  
STREET ADDRESS **12744 WOODBURY GLEN DR**  
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **D** ☐ Change ☒ Addition  
NAME **Melissa Williams**  
STREET ADDRESS **12700 Woodbury Glen Drive**  
CITY-ST-ZIP **Orlando, FL 32826**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*James E. Rothrock* **Jim Rothrock** 20 Mar 03 401/293-7030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)