

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

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91398 032 \*\*\*\*61.25

**DOCUMENT # N01000002816**



1. Entity Name  
**ISLAND WALK AT MEADOW WOODS HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business  
**120 FAIRWAY WOODS BOULEVARD  
ORLANDO FL 32824**

Mailing Address  
**LELAND MANGEMENT, INC.  
1633 E VINE ST SUITE 110  
KISSIMMEE FL 34744**

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 **03-0454687**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**FURLOW, REBECCA  
C/O LELAND MANAGEMENT  
1633 E VINE ST SUITE 110  
KISSIMMEE FL 34744**

**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. 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**

TITLE	VD	<input type="checkbox"/> Delete
NAME	<b>HAWKS, CANDICE H</b>	
STREET ADDRESS	<b>120 FAIRWAY WOODS BOULEVARD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>	
TITLE	STD	<input type="checkbox"/> Delete
NAME	<b>ERSKINE, CINDY L</b>	
STREET ADDRESS	<b>120 FAIRWAY WOODS BOULEVARD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>WRIGHT, CHRISTOPHERS</b>	
STREET ADDRESS	<b>120 FAIRWAY WOODS BLVD</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32824</b>	
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		<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		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Trussell, Guy</b>	
STREET ADDRESS	<b>120 Fairway Woods Blvd</b>	
CITY-ST-ZIP	<b>Orlando, FL 32824</b>	
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		
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: **Candice H. Hawks** **CANDICE H. HAWKS 4/29/03 407-240-0044**

CR2E037 (10/02)