

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

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

05-05-2003 91881 013 \*\*\*\*61.25

**DOCUMENT # N02000001849**

1. Entity Name

**HUNTCLEFF PARK 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

1633 E. Vine St.

Suite, Apt. #, etc.

Suite 110

City & State

Kissimmee FL

Zip

34744

Country

USA

3. Mailing Address

1633 E. Vine St.

Suite, Apt. #, etc.

Suite 110

City & State

Kissimmee FL

Zip

34744

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

57-1145553

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

7. Name and Address of New Registered Agent

Name

Rebecca Furlow

Street Address (P.O. Box Number is Not Acceptable)

1633 E. Vine St., #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 Furlow*

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	DP	<input type="checkbox"/> Delete
NAME	<del>OHARA, CHARLES D</del>	
STREET ADDRESS	120 FAIRWAY WOODS BLVD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HAWKS, CANDICE H	
STREET ADDRESS	120 FAIRWAY WOODS BLVD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	DST	<input type="checkbox"/> Delete
NAME	ERSKINE, CYNTHIA	
STREET ADDRESS	120 FAIRWAY WOODS BLVD	
CITY-ST-ZIP	ORLANDO FL 32824	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trussell, Guy	
STREET ADDRESS	120 Fairway Woods Blvd.	
CITY-ST-ZIP	Orlando, FL 32824	
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		
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* 4/29/03 407-240-0044

CR2E037 (10/02)