2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 22, 2000 8:00 am
Secretary of State
04-25-2000 90022 007 ****61.25

DOCUMENT # 733348

1. Entity Name

WOODLANDS ESTATES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1050A EASTLAKE WOODLANDS PKWY OLDSMAR FL 34677 US	1050A EASTLAKE WOODLANDS PKWY OLDSMAR, FL 34677-2328 US

DO NOT WRITE IN THIS SPACE

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 59-1679407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCANNAVINO, DOMINICK
1050A E. LAKE WOODLANDS PKWY
OLDSMAR FL 34677

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.

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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS CALLAHAN, JOSEPH. 90 FERNBROOK RD OLDSMAR FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERRY, MICHAEL 30 ARBOR LANE OLDSMR FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHAEFER, JOHN 60 ARBOR LANE OLDSMAR, FL 34677	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORTHRUP, SUSAN 450 CYPRESS CRK CIR OLDSMAR FL 34677	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SHELTON, KEN 470 FOREST PARK ROAD OLDSMAR, FL 34677	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BARBARA ZELISCH 130 FERNBROOK RD OLDSMAR FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FOSBROOK JUDY 90 ARBOR LANE OLDSMAR, FL 34677	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GARDEI, CRAIG 420 PALM DALE DR OLDSMAR FL 34677	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWMAN, KIM 460 HICKORYNUT AVE. OLDSMAR, FL 34677	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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: Kenneth R. Shelton SIGNATURE REQUIRED TREASURER 14 APR, 2000 784-1284
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #