

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/3

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-03-2002 90040 002 \*\*\*\*61.25

**DOCUMENT # 735744**

1. Entity Name

**WOODLANDS AT PALM COAST ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 351870  
 PALM COAST FL 32137-7313

POST OFFICE BOX 351870  
 PALM COAST FL 32137-7313

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

**59-2235901**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MCLEAN, MARTYNA**  
**27 BLAINE TREE PL**  
**PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name

**ROY OLSSON**  
**68 BLACK BEAR Cn**  
**PALM COAST FL 32137**

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

*Roy Olsson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**APRIL 17, 2002**

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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BROCK, DOUGLAS</b>	
STREET ADDRESS	<b>27 BLADELL COURT</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DELL, CHARLES</b>	
STREET ADDRESS	<b>45 BLAINE DRIVE</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>SE</b>	<input type="checkbox"/> Delete
NAME	<b>TURNER, AUDREY</b>	
STREET ADDRESS	<b>20 BLACKWELL PLACE</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>EHLE, ROBERT</b>	
STREET ADDRESS	<b>13 BLACKBURN PL</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KNIGHT, MARK</b>	
STREET ADDRESS	<b>65 BLAINE DRIVE</b>	
CITY-ST-ZIP	<b>PALM COAST FL 32137</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Ferrell, Brenda</b>	
STREET ADDRESS	<b>21 Blackwell Pl.</b>	
CITY-ST-ZIP	<b>Palm Coast, FL 32139</b>	
TITLE	<b>Online B. Boyankovich</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>12 Blyth Place</b>	
STREET ADDRESS	<b>Palm Coast FL 32137</b>	
CITY-ST-ZIP	<b>D</b>	
TITLE	<b>ROY OLSSON</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>68 BLACK BEAR Cane</b>	
STREET ADDRESS	<b>PALM COAST FL 32137</b>	
CITY-ST-ZIP	<b>P</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		

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:

*Roy Olsson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**April 17, 2002**

Date

Daytime Phone #

CR2E037 (9/01)