

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90717 023 ****61.25

DOCUMENT # 735744

1. Entity Name
WOODLANDS AT PALM COAST ASSOCIATION, INC.



Principal Place of Business
**POST OFFICE BOX 351870
PALM COAST FL 32137-7313**

Mailing Address
**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

4. FEI Number **59-2235901**

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

**OLSSON, ROY
68 BLACK BEAR LN
PALM COAST FL 32137**

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	ST	<input type="checkbox"/> Delete
NAME	FERRELL, BRENDA	
STREET ADDRESS	21 BLACKWELL PL	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DELL, CHARLES	
STREET ADDRESS	45 BLAINE DRIVE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	TURNER, AUDREY	
STREET ADDRESS	20 BLACKWELL PLACE	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	P	<input type="checkbox"/> Delete
NAME	OLSON, ROY	
STREET ADDRESS	68 BLACK BEAR LN	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOVANKOVICK, ARLENE B	
STREET ADDRESS	12 BLYTH PL	
CITY-ST-ZIP	PALM COAST FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRELL, BRENDA	
STREET ADDRESS	21 BLACKWELL PL	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JALATTA, LORETTA	
STREET ADDRESS	13 BLACKWELL PLACE	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, TAMI	
STREET ADDRESS	22 BLACKBURN PLACE	
CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOVANKOVICK, ARLENE	
STREET ADDRESS	12 BLYTH PL	
CITY-ST-ZIP	PALM COAST FL 32137	
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

4/29/03

CR2E037 (10/02)