

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90093 013 *****70.00

0055306

DOCUMENT # 740336

1. Entity Name

WILSHIRE ESTATES HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2343 ROBYN CT
PALM HARBOR FL 34683

2343 ROBYN CT
PALM HARBOR FL 34683

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2343 Robyn Ct

2343 Robyn Ct.

City & State

Dunedin, FL

City & State

Dunedin, FL

4. FEI Number

59-3175123

Applied For

Not Applicable

Zip

34698

Country

Zip

34698

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACKFORD, JERRY
2343 ROBYN CT
PALM HARBOR FL 34683

Name

Jerry Blackford

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

2343 Robyn Ct.

City

Dunedin

FL

Zip Code
34698

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 PD
NAME BLACKFORD, JERRY
STREET ADDRESS 2343 ROBYN CT
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

TITLE PD
NAME Blackford, Jerry
STREET ADDRESS 2343 Robyn Ct.
CITY-ST-ZIP Dunedin, FL 34698 ☒ Change ☐ Addition

TITLE VD
NAME HEDDENS, SCOTT
STREET ADDRESS 2330 CARRIE CT
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

TITLE VD
NAME Heddens, Scott
STREET ADDRESS 2330 Carrie Ct.
CITY-ST-ZIP Dunedin, FL 34698 ☒ Change ☐ Addition

TITLE SD
NAME ZOBRIST, KIMBERLY
STREET ADDRESS 2308 WILSHIRE DR
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

TITLE SD
NAME Zobrist, Kimberly
STREET ADDRESS 2308 Wilshire Dr.
CITY-ST-ZIP Dunedin, FL 34698 ☒ Change ☐ Addition

TITLE TD
NAME MCKAY, LOIS A
STREET ADDRESS 2270 WILSHIRE DR
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

TITLE TD
NAME McKay, Lois A.
STREET ADDRESS 2270 Wilshire Dr.
CITY-ST-ZIP Dunedin, FL 34698 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED Jerry Blackford

1/16/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)