

2000 UNIFORM BUSINESS REPORT (UBR)

2/2

DOCUMENT # 743570

1. Entity Name

WOODRUN HOMEOWNERS' ASSOCIATION, INC.

FILED

May 02, 2000 8:00 am
Secretary of State

02-23-2000 90022 032 ****61.25

Principal Place of Business

8804 PEMBROKE CT
TALLAHASSEE FL 32311
US

Mailing Address

8436 OLDE POST RD
TALLAHASSEE FL 32311-9418
US

2. Principal Place of Business

8213 Bristol Ct

Suite, Apt. #, etc.

3. Mailing Address

8213 Bristol Ct

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32311

Country

USA

City & State

Tallahassee FL

Zip

32311

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LOTT, JOHN
8436 OLDE POST RD
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name Patricia C. Hood

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

8213 Bristol Ct

City Tallahassee

FL

Zip Code 32311

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ DeleteNAME CHBAT, MICHAEL
STREET ADDRESS 8804 PEMBROKE CT
CITY-ST-ZIP TALLAHASSEE FL 32311TITLE VPD ☒ DeleteNAME CHBAT, CHERYL
STREET ADDRESS 8804 PEMBROKE CT
CITY-ST-ZIP TALLAHASSEE FL 32311TITLE TD ☒ DeleteNAME LOTT, JOHN
STREET ADDRESS 8436 OLDE POST RD
CITY-ST-ZIP TALLAHASSEE FL 32311TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☐ Change ☒ AdditionNAME Malcolm Hughes
STREET ADDRESS 5309 Belmont Drive
CITY-ST-ZIP Tallahassee FL 32311TITLE Treasurer ☐ Change ☒ AdditionNAME Patricia C. Hood
STREET ADDRESS 8213 Bristol Ct
CITY-ST-ZIP Tallahassee FL 32311TITLE Treasurer ☐ Change ☒ AdditionNAME Patricia C. Hood
STREET ADDRESS 8213 Bristol Ct
CITY-ST-ZIP Tallahassee FL 32311TITLE Vice President ☐ Change ☒ AdditionNAME Simone Peterson
STREET ADDRESS 8433 Olde Post Rd
CITY-ST-ZIP Tallahassee FL 32311TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)