

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2001 8:00 am
Secretary of State

0050740

DOCUMENT # 744007

1. Entity Name

WHIPPOORWILL LAKES PROPERTY OWNERS' ASSOCIATION,

04-09-2001 90054 039 *****61.25

Principal Place of Business,

Mailing Address

12765 W. FOREST HILL BLVD
 SUITE 1302
 WELLINGTON FL 33414
 US

12765 W. FOREST HILL BLVD
 SUITE 1302
 WELLINGTON FL 33414
 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2175457

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

~~NELSON, MICHAEL H~~
~~12765 W. FOREST HILL BLVD~~
~~SUITE 1302~~
~~WELLINGTON FL 33414~~

Name
ST John DICKER, KRIVOKA CORE, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
500 AUSTRILIAN AVE SOUTH SUITE 500
 City
W, P.B. FL Zip Code
33401

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	VPD RATHBUN, KEITH 788 WHIPPOORWILL WAY WPB FL 33411	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUICH, JACK 12765 W FOREST HILL BLVD #1302 WELLINGTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BURT 12765 W FOREST HILL BLVD #1302 WELLINGTON FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SHERMAN, MATTHEW 12765 W FOREST HILL BLVD. #1302 WELLINGTON FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZANIEWSKI, GARY 970 WHIPPOORWILL TRAIL W. PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NELSON, MICHAEL 12765 W FOREST HILL BLVD #1302 WELLINGTON FL	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-01
 Date

784-9100
 Daytime Phone #

CR2E037 (10/00)