

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752076

1. Entity Name

WOODBERRY LAKES HOMEOWNERS ASSOCIATION, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90061 045 ****61.25

Principal Place of Business

400 S DIXIE
SUITE 10
LAKE WORTH FL 33460
US

Mailing Address

P.O. Box 31265
PALM BEACH GARDENS FL 33420-1263
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ST. JOHN & KING
500 AUSTRALIAN AVE. SOUTH
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Associated Property Management
Street Address (P.O. Box Number is Not Acceptable)
400 South Dixie Hwy, #10
City Lake Worth FL Zip Code 33460

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

Rosemary McKessy

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/2000

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	TD BELIECH, STEPHEN	11179 MARJORAM	PALM BEACH GARDENS FL	☐
	SD MOORE, BEA	11268 THYME DRIVE	PALM BEACH GARDENS FL	☐
	D TAYLOR, MICHELLE	11029 NUTMET	PALM BEACH GARDENS FL	☐
	D WHITE, DON	5036 CAYENNE	PALM BEACH GARDENS FL	☐
	D MARKS, BETTIE	5155 PEPPERCORN	PALM BEACH GARDENS FL	☐
	D PERRY, DENNIS	5073 TYME DRIVE	PALM BEACH GARDENS FL	☐

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
	PD Meady, Louise	5185 Nutmeg Drive	PB6, FL	☐	☐
	D Seniff, Dale	5012 Paprika Lane	PB6, FL	☐	☐
	SD Jacobs, Cherie	11223 Carry Drive	PB6, FL	☐	☐
	PD Van Voorhees, E. B.	5048 Thyme Drive	PB6, FL	☐	☐
				☐	☐
				☐	☐

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 attached sheet with an address, with all other like empowered.

SIGNATURE

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #