

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 756939

1. Entity Name

THE WOODLANDS OF CAPE CORAL HOMEOWNERS' ASSOCIAT

Principal Place of Business

619 SW 6 STREET
CAPE CORAL FL 33991
US

Mailing Address

619 SW 6 STREET
CAPE CORAL FL 33991-2482
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0092179

Applied For

Not Applicable

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

MC KELVIE, MILTON J
709 S.W. 6TH ST.
CAPE CORAL FL 33991

Name

KEVIN D. OSTROWSKY

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

619 S.W. 6 STREET

City

CAPE CORAL

FL

Zip Code

33991

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 GAVBEART, JIM
STREET ADDRESS 701 SW 6TH STREET
CITY-ST-ZIP CAPE CORAL FL ☒ Delete

TITLE PD
NAME OSTROWSKY, KEVIN
STREET ADDRESS 619 SW 6 STREET
CITY-ST-ZIP CAPE CORAL, FL. ☒ Change ☐ Addition

TITLE VD
NAME OSTROWSKY, KEVIN
STREET ADDRESS 619 SW 6TH ST.
CITY-ST-ZIP CAPE CORAL FL ☒ Delete

TITLE VD
NAME AUBUCHON, JIM
STREET ADDRESS 709 SW 6TH STREET
CITY-ST-ZIP CAPE CORAL, FL. ☐ Change ☒ Addition

TITLE STD
NAME OSTROWSKY, LINDA R.
STREET ADDRESS 619 SW 6 ST
CITY-ST-ZIP CAPE CORAL FL 33991 ☒ Delete

TITLE STD
NAME James Cahill
STREET ADDRESS 706 SW 6 STREET
CITY-ST-ZIP CAPE CORAL, FL. ☐ 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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90142 047 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)