

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J36028**

1. Entity Name

WHIPPOORWILL HOMEOWNERS, INC.**FILED****Feb 06, 2001 8:00 am**
Secretary of State

02-06-2001 90298 025 ***150.00

Principal Place of Business

**10032 LK WHIPPOORWILL CT
ORLANDO FL 32832
US**

Mailing Address

**10032 LK WHIPPOORWILL CT
ORLANDO FL 32832-3045
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 **59-2746452**

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

Name

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

City

FL

Zip Code

**O'HANLON, PENNY
10032 LAKE WHIPPOORWILL COURT
ORLANDO FL 32832**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	DEVLIN, WM E	
STREET ADDRESS	10049 LAKE WHIPPOORWILL COURT	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE	STD	<input type="checkbox"/> Delete
NAME	O'HANLON, PENNY	
STREET ADDRESS	10032 LAKE WHIPPOORWILL	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BEENY, GEORGE	
STREET ADDRESS	10049 LAKE WHIPPOORWILL	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE	D	<input type="checkbox"/> Delete
NAME	KOHLMANN, PETER J	
STREET ADDRESS	10020 LK WHIPPOORWILL CT	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, EVELYN	
STREET ADDRESS	10061 LAKE WHIPPOORWILL CT	
CITY-ST-ZIP	ORLANDO FL 32832	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William E Devlin* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-01

Date

Daytime Phone #

CR2E034 (10/00)