

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90377 048 ****70.00

DOCUMENT # N00000001279

1. Entity Name

WOODSLANE ESTATE HOMEOWNERS, ASSOCIATION, INC. ✓

Principal Place of Business

Mailing Address

**2505 WOODS LANE
 MELBOURNE FL 32934**

**2505 WOODS LANE
 MELBOURNE FL 32934**

145051



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3630356

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

**WILBOURNE, DANNY L
 2505 WOODS LANE
 MELBOURNE FL 32934**

Name

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

City

FL

Zip Code

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	D	<input type="checkbox"/> Delete
NAME	WILBOURNE, DANNY L	
STREET ADDRESS	2505 WOODS LANE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILBOURNE, JEFF	
STREET ADDRESS	2557 LEEWOOD BLVD	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILBOURNE, PAMELA	
STREET ADDRESS	2505 WOODS LANE	
CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED**

6-1-02

321-757-8163

CR2E037 (9/01)