

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007802

1. Entity Name

WESTLAND STATION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

9551 BAYMEADOWS RD., #4  
JACKSONVILLE FL 32256

9551 BAYMEADOWS RD., #4  
JACKSONVILLE FL 32256

2. Principal Place of Business

920 Third Street

3. Mailing Address

920 Third Street

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Neptune Beach, FL

City & State

Neptune Beach, FL

4. FEI Number

59-3686339

Applied For

Not Applicable

Zip 32266

Country USA

Zip 32266

Country USA

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

PUTNAL, JAMES E  
9551 BAYMEADOWS RD., #4  
JACKSONVILLE FL 32256

Name

L. Denise Wallace

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

920 Third Street, Suite B

City

Neptune Beach

FL

Zip Code

32266

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

*L. Denise Wallace*

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

(NOTE: Registered Agent signature required when reinstating)

*2/19/01*

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 DP ☐ Delete  
NAME PUTNAL, JAMES E  
STREET ADDRESS 9551 BAYMEADOWS RD., #4  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME BRAREN, MICHAEL E  
STREET ADDRESS 9551 BAYMEADOWS RD., #4  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DVT ☐ Delete  
NAME WALLACE, L. DENISE  
STREET ADDRESS 9551 BAYMEADOWS RD., #4  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME FREDENHAGEN, SHARON W  
STREET ADDRESS 9551 BAYMEADOWS RD., #4  
CITY-ST-ZIP JACKSONVILLE FL 32256

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*James E. Putnal*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)