

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000007950

1. Entity Name

WETHERBEE LAKES HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
May 01, 2001 8:00 am  
Secretary of State

05-01-2001 90011 044 \*\*\*\*61.25

Principal Place of Business

4005 MARONDA WAY  
SANFORD FL 32771

Mailing Address

4005 MARONDA WAY  
SANFORD FL 32771

2. Principal Place of Business

40 Penn First Management, Inc.

3. Mailing Address

40 Penn First Management, Inc.

Suite, Apt. #, etc.

453 Mark Twain Blvd

Suite, Apt. #, etc.

453 Mark Twain Blvd

City & State

Orlando, FL

City & State

Orlando, FL

Zip

32828

Country

USA

Zip

32828

Country

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DREELE, WAYNE V  
4005 MARONDA WAY  
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name

Lawrence M. Sheeler

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

40 Penn First Management, Inc.

453 Mark Twain Blvd

City

Orlando

FL

Zip Code

32828

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
DREELE, WAYNE V  
4005 MARONDA WAY  
SANFORD FL 32771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
LOGSDON, JEFFREY J  
4005 MARONDA WAY  
SANFORD FL 32771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
HOWARD, SCOTT C  
4005 MARONDA WAY  
SANFORD FL 32771 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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 #

4-11-01 407.475-9112

CR2E037 (10/00)