

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-17-2003 90216 044 ****61.25

DOCUMENT # N00000007950

1. Entity Name

WETHERBEE LAKES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

1813 N DEAN RD #103
ORLANDO FL 32817

Mailing Address

1813 N DEAN RD #103
ORLANDO FL 32817

2. Principal Place of Business

PENN FIRST MGMT

3. Mailing Address

PENN FIRST MGMT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3741092

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEELER, LAWRENCE M
1813 N DEAN RD #103
ORLANDO FL 32817

7. Name and Address of New Registered Agent

Name

PENN FIRST
MANAGEMENT INC
1813 N DEAN RD SUITE 103
ORLANDO FL 32817

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent and accepting the obligations of registered agent.

am familiar with, and accept

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
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **DST** ☐ Delete
NAME **ROUSCH, BILLY**
STREET ADDRESS **1101 N KELLER RD, SUITE F**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **DV** ☐ Delete
NAME **GREENWALT, TOM**
STREET ADDRESS **1101 N KELLER RD, SUITE F**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE **DP** ☐ Delete
NAME **HOWARD, SCOTT**
STREET ADDRESS **1101 N KELLER RD, SUITE F**
CITY-ST-ZIP **ORLANDO FL 32810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **DST** ☒ Change ☐ Addition
NAME **Howard, Scott**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/03

407-282-9988

CR2E037 (10/02)