AMENDED

04-24-2003 90219 045 ****61.25
N02000009918

03 MAY -6 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # N02000009918

1. Entity Name

West Lake Dorr Road Homeowners' Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
18419 West Lake Dorr Road	P.O. Box 1302
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Altoona, FL	Altoona, FL
Zip: 32702 Country: U.S.A.	Zip: 32702-1302 Country: U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 86-1053496 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Charles A. Mullins

Street Address (P.O. Box Number is Not Acceptable): 18419 West Lake Dorr Road

Altoona

City: Altoona FL Zip Code: 32702

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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	P/D
NAME	Charles A. Mullins
STREET ADDRESS	18419 West Lake Dorr Road
CITY-ST-ZIP	Altoona, FL 32702
TITLE	V/D
NAME	Andrew C. Colando, Jr.
STREET ADDRESS	43247 S.R. 19
CITY-ST-ZIP	Altoona, FL 32702
TITLE	S/T/D
NAME	George W. Baker
STREET ADDRESS	12393 154th Road
CITY-ST-ZIP	Jupiter, FL 33478
TITLE	D
NAME	William P. Makielski
STREET ADDRESS	2207 7th Avenue
CITY-ST-ZIP	Vero Beach, FL 32960
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charles A. Mullins, Pres. President (352) 669-7240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FILED
03 MAY -6 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
900104455