

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90024 021 ****61.25

714930



DO NOT WRITE IN THIS SPACE

DOCUMENT # N06098

1. Entity Name

WOODLAND ACRES RETREAT PROPERTY OWNER'S ASSOCIA

Principal Place of Business

Mailing Address

C/O GEORGE FEGAN
 1831 PALO DURO BLVD
 FT. MYERS FL 33917
 US

C/O GEORGE FEGAN
 1831 PALO DURO BLVD
 FT. MYERS FL 33917-7709
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2555904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

FEGAN, GEORGE
C/O GEORGE FEGAN
1831 PALO DURO BLVD
FT. MYERS FL 33917

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 NAME STREET ADDRESS CITY-ST-ZIP	VPD FEGAN, GEORGE 1831 PALO DURO BLVD FT. MYERS FL 33917	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARDS, MIKE 115 REEDY CREEK DRIVE FROSTPROOF FL 34844	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JOINER, KATE 102 REEDY CREEK DRIVE FROSTPROOF FL 33843	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRY, JOHN 102 REEDY CREEK DRIVE FROSTPROOF FL 33843	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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 NAME 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:

George Fegan
 SENATE OFFICER

2-15-2000 (941) 543 8213

CR2E037 (9/99)