

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N09729

1. Entity Name

WEXFORD LEAS HOMEOWNERS' ASSOCIATION, INC.

FILED

Apr 29, 2000 8:00 am  
Secretary of State

04-29-2000 90015 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

%JOHN S. ROWE  
60 PEMBROKE CIRCLE  
PALM HARBOR FL 34683

%JOHN S. ROWE  
60 PEMBROKE CIRCLE  
PALM HARBOR FL 34683-6119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2554018

Applied For

Not Applicable

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

ROWE, JOHN S.  
60 PEMBROKE CIRCLE  
PALM HARBOR FL 34683

Name

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

City

FL

Zip/Code

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	D. BRANDT, AL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1448 WEXFORD DR S	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE- NAME	SD CHERESINI, MABEL	<input type="checkbox"/> Delete
STREET ADDRESS	40 KENDALL CR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE- NAME	PD FILOSA, LAURE	<input type="checkbox"/> Delete
STREET ADDRESS	40 MILBURN CIR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE- NAME	TD ROWE, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	60 PEMBROKE CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE- NAME	VD GORDON, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	60 TENDRING CIR	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE- NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE- NAME	D. ROWE, JOHN S.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	60 PEMBROKE CIRCLE	
CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE- NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE- NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE- NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE- NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*JOHN S. ROWE*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00 727-395-6933

CR2E037 (3/99)