

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State
 03-27-2001 90049 041 ****61.25

0080946

DOCUMENT # N09729

1. Entity Name

WEXFORD LEAS HOMEOWNERS' ASSOCIATION, INC.

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

00037860



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2554018

Applied For

Not Applicable

Zip

Country

Zip

Country

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:
FEES 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
SD
CHERESINI, MABEL ☐ Delete
40 KENDALL CR
PALM HARBOR FL

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
FILOSA, LAURE ☒ Delete
40 MILBURN CIR
PALM HARBOR FL

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
TD
ROWE, JOHN ☐ Delete
60 PEMBROKE CIRCLE
PALM HARBOR FL

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
GORDON, JOHN ☒ Delete
60 TENDRING CIR
PALM HARBOR FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PD
GORDON, JOHN ☒ Change ☐ Addition
60 TENDRING CIR
PALM HARBOR, FL

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
D
ROWE, FANN ☐ Delete
60 PEMBROKE
PALM HARBOR FL 34683

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
VD
BILL KARRON ☐ Change ☒ Addition
80 DURHAM CT
PALM HARBOR, FL 34683

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

3/20/01

727-395-6933

Date

Daytime Phone #

CR2E037 (10/00)