

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29460

1. Entity Name

WOODLAKE OF PORT ORANGE HOMEOWNERS ASSOCIATION.

Principal Place of Business

1166 PELICAN BAY DRIVE  
DAYTONA BEACH FL 32119  
US

Mailing Address

1166 PELICAN BAY DR.  
DAYTONA BEACH FL 32119-1381  
US

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

59-2918943

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

BARKIN, MICHELE  
1166 PELICAN BAY DR  
DAYTONA BEACH FL 32119

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 VPD ☒ Delete  
NAME KAMMERER, CATHY  
STREET ADDRESS 827 WOODDUSK DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE D ☐ Change ☒ Addition  
NAME PATRICA ROBERTS  
STREET ADDRESS 4590 ALDER DR.  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE SD ☐ Delete  
NAME ATWOOD, PETER  
STREET ADDRESS 807 WOODPORT  
CITY-ST-ZIP PT. ORANGE FL

TITLE SD ☐ Change ☒ Addition  
NAME CAROL STEWART  
STREET ADDRESS 4572 MILES DR  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE D ☒ Delete  
NAME MCNERNEY, LOIS  
STREET ADDRESS 4578 WOODCOVE DR  
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE DVP ☒ Change ☐ Addition  
NAME PETER ATWOOD  
STREET ADDRESS 807 WOODPORT  
CITY-ST-ZIP PORT ORANGE, FL 32127

TITLE PD ☐ Delete  
NAME WILCOX, WAYNE  
STREET ADDRESS 812 WOODPORT  
CITY-ST-ZIP PT. ORANGE FL

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

TITLE TD ☐ Delete  
NAME BONFLEUR, DAVID  
STREET ADDRESS 831 SLEEPY HOLLOW DRIVE  
CITY-ST-ZIP PORT ORANGE FL 32127

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

TITLE ☐ Delete  
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: Wayne Wilcox SIGNED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/00

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE