

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90119 039 ****61.25

DOCUMENT # N29460

1. Entity Name

WOODLAKE OF PORT ORANGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1166 PELICAN BAY DRIVE
 DAYTONA BEACH FL 32119
 US

1166 PELICAN BAY DR.
 DAYTONA BEACH FL 32119
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2918943

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

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 **D** ☐ Delete
 NAME **ROBERTS, PATRICA**
 STREET ADDRESS **4590 ALDER DR**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

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

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

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

TITLE **DVP** ☐ Delete
 NAME **ATWOOD, PETER**
 STREET ADDRESS **507 WOODPORT**
 CITY-ST-ZIP **PORT ORANGE FL 32127**

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

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: *Wagner* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02

Date

Daytime Phone #

CR2E037 (9/01)