

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34389

1. Entity Name

WOODBINE HOMEOWNERS ASSOCIATION, INC.

FILED

Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90396 002 ****61.25

Principal Place of Business

Mailing Address

4281 ROCKY RIDGE PL.
SANFORD FL 32773

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SANFORD FL 32773

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2972211

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

WIEBE, DONNA L
4250 SHADES CREST LANE
SANFORD FL 32773

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 PD ☒ Delete
NAME AKARD, STEVE
STREET ADDRESS 4230 SHADES CREST LANE
CITY-ST-ZIP SANFORD FL 32773

TITLE PD ☒ Change ☐ Addition
NAME Mike O'Leary
STREET ADDRESS 4203 Rocky Ridge Place
CITY-ST-ZIP Sanford, FL 32773

TITLE SD ☐ Delete
NAME WIEBE, DONNA
STREET ADDRESS 4250 SHADES CREST LANE
CITY-ST-ZIP SANFORD FL 32773

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

TITLE TD ☐ Delete
NAME ROWE, ROBERT
STREET ADDRESS 4215 ROCKY RIDGE PL
CITY-ST-ZIP SANFORD FL 32773

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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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:

Donna L. Wiebe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/3/02 (407) 328-8198

CR2E037 (9/01)