

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36042

1. Entity Name

WALMWOOD HOMEOWNERS ASSOCIATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90240 017 ****61.25

Principal Place of Business

3637 BERGER RD
LUTZ FL 33549

Mailing Address

% RICHARD CATLETT
4005 N. CORK RD
PLANT CITY FL 33565-3851

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

NOT APPLICABLE

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

CATLETT, RICHARD R
4005 NORTH CORK ROAD
PLANT CITY FL 33565

Name

BARTELS, LOREN J. M.D.

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

2504 HIGH OAK LANE

City

LUTZ

FL

Zip Code

33549

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

Richard R. Catlett

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 CATLETT, RICHARD
STREET ADDRESS 4005 CORK RD
CITY-ST-ZIP PLANT CITY FL 33565

TITLE D ☒ Change ☐ Addition
NAME CATLETT, RICHARD
STREET ADDRESS 4112 N. Forbes RD
CITY-ST-ZIP PLANT CITY FL 33565

TITLE STD ☐ Delete
NAME BARTELS, LOREN J M.D.
STREET ADDRESS 2504 HIGH OAK LANE
CITY-ST-ZIP LUTZ FL 33549

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

TITLE D ☐ Delete
NAME BARTELS, LINDA R
STREET ADDRESS 2504 HIGH OAK LANE
CITY-ST-ZIP LUTZ FL 33549

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

TITLE D ☐ Delete
NAME WOODS, TIM
STREET ADDRESS 12501 FOREST HILLS DR
CITY-ST-ZIP TAMPA FL 33612

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

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:

Richard R. Catlett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-00

Date

(813) 752-1155

Daytime Phone #

CR2E037 (9/99)