

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36328

1. Entity Name

WOODBIDGE II HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

3145 W. ORANGE COUNTRY CLUB ROAD
WINTER GARDEN FL 34787

Mailing Address

3145 W. ORANGE COUNTRY CLUB ROAD
WINTER GARDEN FL 34787

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

59-3017483

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

BAKER, LYMAN

3145 W. ORANGE COUNTRY CLUB ROAD
WINTER GARDEN FL 34787

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

TITLE PD
NAME TAILLON, GREG
STREET ADDRESS 238 LAKE DRIVE
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE STD
NAME BAKER, LYMAN
STREET ADDRESS 3145 W. ORANGE COUNTRY CLUB ROAD
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

TITLE D
NAME EAYRS, AL
STREET ADDRESS 3225 W. ORANGE COUNTRY CLUB ROAD
CITY-ST-ZIP WINTER GARDEN FL 34787 ☐ Delete

TITLE D
NAME PESHEK, CHARLES
STREET ADDRESS 701 SAXBY AVE
CITY-ST-ZIP ORLANDO FL 32825 ☐ Delete

TITLE D
NAME DEJESUS, EFRAIN A
STREET ADDRESS US EMBASSY
CITY-ST-ZIP SANTA DOMINGO 34041 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME TAILLON, GREG
STREET ADDRESS 3105 W. ORANGE COUNTRY CLUB RD
CITY-ST-ZIP WINTER GARDEN, FL 34787 ☒ Change ☐ Addition

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

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

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

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

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

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:

Lyman Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 5, 2001
Date

407-656-7009
407-656-0312
Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90023 015 ****61.25

80008085



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)