

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90155 023 ****61.25

DOCUMENT # N36328

1. Entity Name

WOODBIDGE II HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3145 W. ORANGE COUNTRY CLUB ROAD
WINTER GARDEN FL 34787**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **TAILLON, GREG**
CITY-ST-ZIP **3105 W ORANGE COUNTRY CLUB DR
WINTER GARDEN FL 34787**

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

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 2167**
CITY-ST-ZIP **San Juan, PR 00922**

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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)