

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90941 027 ****61.25

DOCUMENT # N38624

1. Entity Name

WESTON WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**549 WEST LAKE MARY BOULEVARD
 SUITE 108
 LAKE MARY FL 32746**

Mailing Address

**1301 WESTON WOODS BLVD
 ORLANDO FL 32818**

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

59-3049188

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

Name

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

City

FL

Zip Code

**OSWALD, KENNETH F.
 600 COURTLAND ST.
 SUITE 110
 ORLANDO FL 32804**

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 MILLER, JOSEPH**
 STREET ADDRESS **1301 WESTON WOODS BLVD**
 CITY-ST-ZIP **ORLANDO FL 32818**

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

TITLE ☒ Delete
 NAME **VPD CARLISLE, DAVID**
 STREET ADDRESS **1444 WESTON WOODS BLVD**
 CITY-ST-ZIP **ORLANDO FL 32818**

TITLE ☒ Change ☒ Addition
 NAME **VPD Miller Joseph**
 STREET ADDRESS **1301 Weston Woods Blvd**
 CITY-ST-ZIP **ORLANDO FL. 32818**

TITLE ☒ Delete
 NAME **CALLOWAY, IRA**
 STREET ADDRESS **1306 WESTON WOODS BLVD**
 CITY-ST-ZIP **ORLANDO FL 32818**

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

TITLE ☐ Delete
 NAME **S HAYNES, KAREN**
 STREET ADDRESS **1330 WESTERN WOODS**
 CITY-ST-ZIP **ORLANDO FL 32818**

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:

SIGNATURE OF REGISTERED AGENT

5/30/02 (407)294-1492

CH2E037 (9/01)