

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N40196**

1. Entity Name

VILLAGES OF WOODLAKE HOMEOWNERS ASSOCIATION, INC**FILED**
May 21, 2001 8:00 am
Secretary of State

04-25-2001 90045 044 ****61.25

Principal Place of Business

101 WEDGEWOOD LAKES S
GREENACRES FL 33467
US

Mailing Address

500 AUSTRALIAN AVE. SO
SUITE 600
WEST PALM BEACH FL 33463
US

2. Principal Place of Business

3. Mailing Address

4006 S.W. 17th St #1101
Suite, Apt. #, etc.
LAKE WORTH, FL.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33463

F.B.C.

4. FEI Number 65-0588563

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ST. JOHN, KING & DICKER
500 AUSTRALIAN AVE SO
STE 600
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

ST JOHN DICKER KRIVICK & CORE, P.A.

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

500 AUSTRALIAN AVENUE SOUTH

SUITE 600

City

WEST PALM BEACH

FL

Zip Code

33401

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

David A. Core

DAVID A. CORE, SECRETARY

3/09/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCGRATH, BONNIE C ☐ Delete
STREET ADDRESS 117 APPLEWOOD DR
CITY-ST-ZIP GREENACRES FLTITLE TD
NAME CHANDLER, WALTER S ☐ Delete
STREET ADDRESS 132 WOODLAKE CIR
CITY-ST-ZIP GREENACRES FLTITLE D
NAME ZITO, BARBARA ☐ Delete
STREET ADDRESS 227 WEDGEWOOD CIR
CITY-ST-ZIP GREENACRES FLTITLE VPD
NAME PINA, DONALD ☒ Delete
STREET ADDRESS 103 WOODLAKE CIR
CITY-ST-ZIP GREENACRES FLTITLE SP
NAME PRUITT, LARRY ☐ Delete
STREET ADDRESS 221 WEDGEWOOD CIRCLE
CITY-ST-ZIP GREENACRES FLTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Change ☐ Addition
NAME MCGRATH, BONNIE C.
STREET ADDRESS 117 APPLEWOOD DR
CITY-ST-ZIP GREENACRES, FL.TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE SD ☒ Change ☐ Addition
NAME ZITO, BARBARA
STREET ADDRESS 227 WEDGEWOOD CIRCLE
CITY-ST-ZIP GREENACRES FL.TITLE PD ☒ Change ☒ Addition
NAME SILVERIA, BERNARD J.
STREET ADDRESS 162 WOODLAKE CIRCLE
CITY-ST-ZIP GREENACRES, FL.TITLE VPD ☒ Change ☐ Addition
NAME PRUITT, LARRY
STREET ADDRESS 221 WEDGEWOOD CIRCLE
CITY-ST-ZIP GREENACRES, FL.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/7/01

CR2E037 (10/00)