

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90001 009 ****61.25

DOCUMENT # N49481

1. Entity Name

CAROL WOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

37139 SHALMAR DR
 FRUITLAND PARK FL 34731
 US

Mailing Address

37139 SHALMAR DR
 FRUITLAND PARK FL 34731
 US

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

59-3182079

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, CHARLES D.
907 WEBSTER STREET
LEESBURG FL 34748

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 **D FEDOR, ROBERT J.**
 STREET ADDRESS **37111 SHALIMAR DRIVE**
 CITY-ST-ZIP **FRUITLAND PARK FL**

TITLE Change Addition
 NAME **D ROBERT J. FEDOR**
 STREET ADDRESS **37139 SHALIMAR DR**
 CITY-ST-ZIP **FRUITLAND PK FL 34731**

TITLE Delete
 NAME **D FEDOR, CAROL J.**
 STREET ADDRESS **37111 SHALIMAR DRIVE**
 CITY-ST-ZIP **FRUITLAND PARK FL**

TITLE Change Addition
 NAME **D CAROL J. FEDOR**
 STREET ADDRESS **37139 SHALIMAR DR**
 CITY-ST-ZIP **FRUITLAND PK FL 34731**

TITLE Delete
 NAME **D HARPER, RICKY-F**
 STREET ADDRESS **36526 TRIPP COURT**
 CITY-ST-ZIP **FRUITLAND PARK FL 34731**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE Change Addition

TITLE Delete

TITLE 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: _____

ROBERT J. FEDOR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 9, 01

Date

352 781-6366

Daytime Phone #

CR2E037 (10/00)