

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

0069352

**DOCUMENT # N49481**

1. Entity Name

**CAROL WOOD HOMEOWNERS ASSOCIATION, INC.**

04-01-2002 90658 022 \*\*\*\*61.25

Principal Place of Business

**37139 SHALMAR DR  
 FRUITLAND PARK FL 34731  
 US**

Mailing Address

**37139 SHALMAR DR  
 FRUITLAND PARK FL 34731  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3182079**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FEDOR, ROBERT J.</b>	
STREET ADDRESS	<b>37139 SHALIMAR DRIVE</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FEDOR, CAROL J.</b>	
STREET ADDRESS	<b>37139 SHALIMAR DRIVE</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HARPER, RICKY F</b>	
STREET ADDRESS	<b>36526 TRIPP COURT</b>	
CITY-ST-ZIP	<b>FRUITLAND PARK FL 34731</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Robert J. Fedor*

*Mar 19, 02*

CR2E037 (9/01)