

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N93000004978**

1. Entity Name

**WESTSIDE COMMUNITY ASSOCIATION, INC.****FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91789 001 \*\*\*\*61.25

05-18-2001 91789 002 \*\*\*\*\*8.75

Principal Place of Business

**1321 SHEPPARD AVENUE  
SANFORD FL 32771  
US**

Mailing Address

**1321 SHEPPARD AVENUE  
SANFORD FL 32771  
US****73324**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-3212525**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**YOUNG, JOE  
1321 SHEPPARD AVENUE  
SANFORD FL 32771**

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
YOUNG, JOE  
1321 SHEPPARD AVENUE  
SANFORD FL 32771** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
HOPKINS-KNIGHT, MARGIE  
1010 W. 16TH STREET  
SANFORD FL 32771** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HOPKINS, JANCIE  
1010 W. 16 ST  
SANFORD FL 32771** ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
BARNES, JOHNNIE  
1207 W 14TH ST  
SANFORD FL 32771** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**C  
GERALDINE, BURKE  
1301 W. 11TH ST  
SANFORD FL 32771** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
EUELL, JANNIE  
907 S. HOLLY AVENUE  
SANFORD FL 32771** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Joe Young** ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**HOPKINS, Vernon  
1010 W 16th St.  
Sanford FL 32771** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T.D  
Eudell Jannie  
907 S. Holly Ave  
Sanford, FL 32771** ☐ 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)(f), 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-2-01 (1407) 328-5085**

CR2E037 (10/00)