

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000003111**

1. Entity Name

WOODBURY PINES PROPERTY OWNERS' ASSOCIATION, INC**FILED****Jun 09, 2000 8:00 am**
Secretary of State

06-09-2000 90034 038 ****61.25

Principal Place of Business

**WOODBURY PINES
ORLANDO FL 32828
US**

Mailing Address

**WOODBURY PINES PROPERTY OWNERS ASSOC INC
P O BOX 781111
ORLANDO FL 32878-1111
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-2118447

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

**MCCOMBS, JOHN J
403 WOODBURY PINES CIR
ORLANDO FL 32828**Name **Michael P. Crichton**

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

402 WOODBURY PINES CIRCity **ORLANDO****FL**Zip Code **32828**

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 **DP** ☒ Delete
NAME **MCCOMBS, JOHN J**
STREET ADDRESS **403 WOODBURY PINES CIR**
CITY-ST-ZIP **ORLANDO FL 32828**TITLE **DP** ☒ Change ☐ Addition
NAME **Michael P. Crichton**
STREET ADDRESS **402 WOODBURY PINES CIR**
CITY-ST-ZIP **ORLANDO FL 32828**TITLE **DVP** ☐ Delete
NAME **EBLIN, HEATHER L**
STREET ADDRESS **281 WOODBURY PINES CIR**
CITY-ST-ZIP **ORLANDO FL 32828**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **DST** ☒ Delete
NAME **ALLEN, KENNETH W**
STREET ADDRESS **409 WOODBURY PINES CIR**
CITY-ST-ZIP **ORLANDO FL 32828**TITLE **DST** ☒ Change ☐ Addition
NAME **JANET H. FERNANDEZ**
STREET ADDRESS **421 WOODBURY PINES CIR**
CITY-ST-ZIP **ORLANDO, FL 32828**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 #

CR2E037 (9/99)