


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90136 039 \*\*\*\*61.25

**DOCUMENT # N94000003111**

1. Entity Name  
**WOODBURY PINES PROPERTY OWNERS' ASSOCIATION, INC**



Principal Place of Business      Mailing Address

**C/O PENN FIRST MANAGEMENT  
453 MARK TWAIN BLVD  
ORLANDO FL 32828  
US**

**C/O PENN FIRST MANAGEMENT  
453 MARK TWAIN BLVD  
ORLANDO FL 32828  
US**

2. Principal Place of Business      3. Mailing Address

**PENN FIRST  
MANAGEMENT INC  
1813 N.DEAN RD  
ORLANDO FL 32817**

**PENN FIRST  
MANAGEMENT INC  
1813 N.DEAN RD  
ORLANDO FL 32817**



CHECK HERE IF MAKING CHANGES

4. FEI Number **58-2118447**      Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent


~~SHEELER, LAWRENCE M  
C/O PENN FIRST MANAGEMENT, INC  
453 MARK TWAIN BLVD  
ORLANDO FL 32828~~

7. Name and Address of New Registered Agent

**PENN FIRST  
MANAGEMENT INC  
1813 N.DEAN RD  
ORLANDO FL 32817**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **LAWRENCE SHEELER**      DATE **4/8/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<del>SD</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>LEIBOLD, GLENN</del>	
STREET ADDRESS	<del>232 WOODBURY PINES CIRCLE</del>	
CITY-ST-ZIP	<del>ORLANDO FL 32828</del>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BOTTEMVEY, DAVID	
STREET ADDRESS	305 WOODBURY PINES CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOMINGUEZ, EVELIO	
STREET ADDRESS	124 WOODBURY PINES CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32828	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHERRY, TRACY	
STREET ADDRESS	409 WOODBURY PINES CIR	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOTTOMLEY, DAVID	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LIEBOLD, GLENN	
STREET ADDRESS	232 WOODBURY PINES CIR	
CITY-ST-ZIP	ORLANDO, FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**      **23 Apr 03 407-719-2586**

CR2E037 (10/02)