

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005630

1. Entity Name

WOODSONG HOMEOWNERS ASSOCIATION OF PINELLAS COUN

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90017 003 ****61.25

Principal Place of Business

Mailing Address

~~3048 WOODSONG LANE
 CLEARWATER FL 33761
 48~~

~~3048 WOODSONG LANE
 CLEARWATER FL 33761 2024
 48~~

2. Principal Place of Business

3. Mailing Address

3001 Woodsong Lane

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

4. FEI Number

59-3509009

Applied For

Not Applicable

Zip

33761

Country

Pinellas

Zip

Country

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

GROSSMAN, JEFFREY H
 3048 WOODSONG LANE
 CLEARWATER FL 33761

Name William Douglas

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

3001 WOODSONG LANE

Clearwater

City

Clearwater

FL

Zip Code

33761

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 William Douglas William Douglas W.P.D.

3-6-00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	SHELLING, JOHN	
STREET ADDRESS	3036 WOODSONG LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GROSSMAN, JEFFREY	
STREET ADDRESS	3048 WOODSONG LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POWERS, TERRANCE	
STREET ADDRESS	3030 WOODSONG LANE	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AUSTIN, WARREN	
STREET ADDRESS	2563 TWIN PINE WAY	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President ID	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA WARUCKE	
STREET ADDRESS	3012 WOODSONG LANE	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	V. PRES/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Douglas	
STREET ADDRESS	3001 WOODSONG LANE	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE	SAM COWART - TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3007 WOODSONG LANE	
CITY-ST-ZIP	CLEARWATER, FL 33761	
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 all other like empowered.

SIGNATURE: Samuel Cowart (Samuel A. Cowart T/D) 3-2-00 813-935-7677

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)