

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90005 001 ****61.25

DOCUMENT # N97000003961

1. Entity Name

WAVERLEE WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**5025 SOUTH U.S. HWY 17-92
 CASSELBERRY FL 32707**

Mailing Address

**C/O MID-FLORIDA PROP MGMT
 5025 SOUTH U.S. HWY. 17-92
 CASSELBERRY FL 32707
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3457794

Applied For

Not Applicable

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

**SPARE, WILLIAM C
 C/O MID-FLORIDA PROP. MGMT
 5025 SOUTH U.S. HWY 17-92
 CASSELBERRY FL 32707**

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	D	<input checked="" type="checkbox"/> Delete
NAME	CHRISTIANA, ROBERT J.	
STREET ADDRESS	270 AUGUSTINE COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COOK, CRAIG A	
STREET ADDRESS	440 AUGUSTINE CT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUMPHREY, MICHELLE	
STREET ADDRESS	1860 ASHLAND TRAIL	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AULD, DAVID	
STREET ADDRESS	6250 HAZELTINE NATIONAL DR.	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Clark, Derek	
STREET ADDRESS	561 Farmingham Court	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Dettman, Glynn J.	
STREET ADDRESS	1650 Ashland Trail	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Short, Kimberley	
STREET ADDRESS	580 Farmingham Court	
CITY-ST-ZIP	Oviedo, FL 32765	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Travis, Patrick A.	
STREET ADDRESS	591 Lynn Street	
CITY-ST-ZIP	Oviedo, FL 32765	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/02

407-928-2234

Date Daytime Phone #

CR2E037 (9/01)