

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90390 011 ****61.25

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DOCUMENT # N97000004808

1. Entity Name

WOODLAND ESTATES HOMEOWNERS, INC.

Principal Place of Business

Mailing Address

602 WOODLAND ESTATES AVE
 RUSKIN FL 33570

602 WOODLAND ESTATES AVE
 LOT 23
 RUSKIN FL 33570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **SAME**

Suite, Apt. #, etc. **SAME**

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3491707

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

SOLSMON, KENNETH
602 WOODLAND ESTATES AVE
LOT 38
RUSKIN FL 33570

Name **Carolyn Gingrich**

Street Address (P.O. Box Number is Not Acceptable)
602 Woodland Estates Avenue

Lot 13

City **Ruskin**

FL

Zip Code **33570**

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 **Carolyn Gingrich**

Carolyn Gingrich

3-1-01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD COWGER, WILLIAM 602 WOODLAND ESTATES AVE, #47 RUSKIN FL 33570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONNELLY, TOM 602 WOODLAND ESTATES AVE., #42 RUSKIN FL 33570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EAKINS, ROSE 602 WOODLAND ESTATES AVE., #23 RUSKIN FL 33570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRUBER, HILDA 602 WOODLAND ESTATES AVE., 49 RUSKIN FL 33570	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETITT, MABEL 602 WOODLAND ESTATES AVE., #20 RUSKIN FL 33570	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, WILDA 602 WOODLAND ESTATES AVE., #45 RUSKIN FL 33570	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rose Eakins*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rose Eakins, Secretary **3--1--01**
 Date **813-6116330**

CR2E037 (10/00)



DO NOT WRITE IN THIS SPACE