

2000 UNIFORM BUSINESS REPORT (UBR)

2/7

FILED
Jun 08, 2000 8:00 am
Secretary of State

DOCUMENT # N97000007047

1. Entity Name

WOODBORNE TERRACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

REALTY-MANAGEMENT, INC.
P.O. BOX 21839
MILWAUKEE WI 53221

REALTY MANAGEMENT, INC.
P.O. BOX 21839
MILWAUKEE WI 53221

2. Principal Place of Business

PO BOX 211068

3. Mailing Address

PO BOX 211068

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1010524

Applied

Not

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUERIN, JOHN L JR
1042 MAIN STREET
DUNEDIN FL 34698

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SCRYTTER, ROBERT O	
STREET ADDRESS	P.O. BOX 21839 N/A	
CITY-ST-ZIP	MILWAUKEE WI 53221	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUERIN, JOHN L JR	
STREET ADDRESS	1042 MAIN STREET	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SGHLYTTER, ROBERT G	
STREET ADDRESS	P.O. BOX 21839 N/A	
CITY-ST-ZIP	MILWAUKEE WI 53221	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	SCHLYTTER, ROBERT O.	
STREET ADDRESS	PO BOX 211068	
CITY-ST-ZIP	MILWAUKEE WI 53221	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	GUERIN, L. JOHN, JR.	
STREET ADDRESS	1042 MAIN ST, SUITE 204	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME	SCHLYTTER, ROBERT G.	
STREET ADDRESS	PO BOX 211068	
CITY-ST-ZIP	MILWAUKEE WI 53221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 11, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3/2000

Date

772-738-1544

Daytime Phone