2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State
05-17-2000 90849 013 ****61.25

DOCUMENT # N98000001771

1. Entity Name

THE HOMEOWNERS ASSOCIATION AT WESTWOOD LAKES, IN

Principal Place of Business

325 SOUTH BLVD.
TAMPA FL 33603
US

325 SOUTH BOULEVARD
TAMPA, FL 33606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3552548 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HANSON, JACK B
325 SOUTH BLVD.
TAMPA FL 33603

7. Name and Address of New Registered Agent

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.

...ered 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.		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STRINGER, FRANK 5307 FOXHUNT DR. WESLEY CHAPEL FL 33543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P STRINGER, FRANK 5307 FOXHUNT DRIVE WESLEY CHAPEL, FL 33543	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRENNAN, NEIL 1250 TERMINAL TOWER CLEVELAND OH 44113	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARTYNOWSKI, JAMES 1250 TERMINAL TOWER CLEVELAND, OH 44113	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEUERMAN, DON 1250 TERMINAL TOWER CLEVELAND FL 44113	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NEUERMAN, DON 1250 TERMINAL TOWER CLEVELAND, FL 44113	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

...ECTORS IN 10 ☒ Change ☐ Addition

CR2E037 (9/99)

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 REQUIRED Frank J. Stringer 4/6/00 813 907 1539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #