

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005859

1. Entity Name

HOMEOWNERS ASSOCIATION OF WINDSONG, INC.

Principal Place of Business

3815 HIGHWAY 90 EAST  
CRESTVIEW FL 32539

Mailing Address

3815 HIGHWAY 90 EAST  
CRESTVIEW FL 32539

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

59-3550191

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

WOOLLEY, J.V. JR.  
3815 HIGHWAY 90 EAST  
CRESTVIEW FL 32539

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PD	WOOLLEY, J.V. JR.	3815 HIGHWAY 90 EAST CRESTVIEW FL 32539	<input type="checkbox"/>
	STD	WOOLLEY, ROSALYN R	3815 HIGHWAY 90 EAST CRESTVIEW FL 32539	<input type="checkbox"/>
	VD	HAGEDORN, BRUCE	386 HOSPITAL DR CRESTVIEW FL 32539	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

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: Rosalyn R. Woolley

4/30/01 (850) 682-3408

FILED  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 91322 013 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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