

2000 UNIFORM BUSINESS REPORT (UBR)

3/3

FILED
May 22, 2000 8:00 am
Secretary of State

03-31-2000 90011 031 ****61.25

DOCUMENT # N99000003198

1. Entity Name

WOODPECKER COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 240
ORANGE PARK FL 32073

Mailing Address

P.O. BOX 240
ORANGE PARK FL 32067-0240

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 3640 806

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LATHAM, STEVE
143 KINGSLEY AVENUE
ORANGE PARK FL 32073**

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.

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	D	<input type="checkbox"/> Delete
NAME	LATHAM, STEVE	
STREET ADDRESS	P.O. BOX 240	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	TREFFINGER, SANDY	
STREET ADDRESS	P.O. BOX 240	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRESTIK, JOEL	
STREET ADDRESS	P.O. BOX 240	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIZERIO, JAY	
STREET ADDRESS	P.O. BOX 240	
CITY-ST-ZIP	ORANGE PARK FL 32073	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve Latham	
STREET ADDRESS	3193 Rocco	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treffinger, Sandy	
STREET ADDRESS	3621 Waterside Drive	
CITY-ST-ZIP	Orange Park, FL 32065	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Trestik, Joel	
STREET ADDRESS	51 Finch Court	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Oliverio, Jay	
STREET ADDRESS	1796 Preston Trail	
CITY-ST-ZIP	Green Cove Springs, FL 32043	
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:

Reign Marie Requiere

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904 269 4505

CR2E037 (9/99)