

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90050 001 ****61.25

DOCUMENT # N99000003198

1. Entity Name

WOODPECKER COVE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 240
 ORANGE PARK FL 32073

P.O. BOX 240
 ORANGE PARK FL 32073

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

59-3640806

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

LATHAM, STEVE
142 KINGSLEY AVE
ORANGE PARK FL 32073

Name

Jay Oliverio

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

1796 Preston Trail

City

Green Cove Springs FL

Zip Code

32043

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

Jay Oliverio

Jay Oliverio, President

1-15-02

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 **D** ☒ Delete
 NAME **LATHAM, STEVE**
 STREET ADDRESS **P.O. BOX 240**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE **D** ☐ Change ☒ Addition
 NAME **Gary Schreck**
 STREET ADDRESS **1687 Colonial Dr.**
 CITY-ST-ZIP **Green Cove Springs, FL 32043**

TITLE **D** ☐ Delete
 NAME **TREFFINGER, SANDY**
 STREET ADDRESS **P.O. BOX 240**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **TRESTIK, JOEL**
 STREET ADDRESS **P.O. BOX 240**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **OLIZERIO, JAY**
 STREET ADDRESS **P.O. BOX 240**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE ☐ Change ☒ Addition
 NAME **Jay Oliverio**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **Kathy Hill**
 STREET ADDRESS **300 Bermuda Bay Ct #304**
 CITY-ST-ZIP **Ponte Vedra Beach, FL 32082**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jay Oliverio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02

Date

904-269-4505

Daytime Phone #

CR2E037 (9/01)