

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90291 012 ****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 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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

OLIVERIO, JAY
1796 PRESTON TRAIL
GREEN COVE SPRINGS FL 32043

7. Name and Address of New Registered Agent

Name
Katherine Hill
Street Address (P.O. Box Number is Not Acceptable)
2005 Palmetto Pt. Drive
City
Ponte Vedra FL Zip Code
32082

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Katherine C Hill

1-27-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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 checked="" type="checkbox"/> Delete
NAME	OLIVERIO, JAY	
STREET ADDRESS	P.O. BOX 240	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SCHRECK, GARY	
STREET ADDRESS	1687 COLONIAL DR.	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILL, KATHY	
STREET ADDRESS	300 BERMUDA BAY CT. #304	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Rollen	
STREET ADDRESS	732 Winfred Place	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Jones	
STREET ADDRESS	11688 Colonial Drive	
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		
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 reports 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:

Katherine C Hill

1-27-03

904-269-4505

CR2E037 (10/02)