

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 90874 018 ****61.25

DOCUMENT # N99000006062

1. Entity Name

WOODLAWN OAKS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

**1720 21ST AVENUE N.
 ST. PETERSBURG FL 33713**

Mailing Address

**P.O. BOX 7095
 ST PETERSBURG FL 33734**

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 **59-3597591**

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

7. Name and Address of New Registered Agent

**BROOKS, LLYNNE G
 1720 21ST AVENUE N.
 ST. PETERSBURG FL 33713**

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 **PD** ☐ Delete
 NAME **BROOKS, WINSTON S**
 STREET ADDRESS **1720 21ST AVENUE N.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

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

TITLE **VD** ☐ Delete
 NAME **BURNITE, CHUCK**
 STREET ADDRESS **1686 21ST AVE. N.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

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

TITLE **SD** ☒ Delete
 NAME **RUDOLPH, SUSAN**
 STREET ADDRESS **1739 20ST AVENUE N.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE **SD** ☒ Change ☐ Addition
 NAME **FOREMAN, MARCY**
 STREET ADDRESS **1651 20th AVENUE N.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

TITLE **ID (Co-TREAS)** ☐ Delete
 NAME **BROOKS, LLYNNE**
 STREET ADDRESS **1720 21ST AVENUE N.**
 CITY-ST-ZIP **ST. PETERSBURG FL 33713**

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

TITLE **D** ☐ Delete
 NAME **RODOCKER, ROB**
 STREET ADDRESS **1701 20TH AVNEUE N.**
 CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE **TD (Co-TREAS)** ☐ Change ☒ Addition
 NAME **FISH, CINDY**
 STREET ADDRESS **1700 21st AVENUE N.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

TITLE **D** ☐ Delete
 NAME **SPINELLA, JOHN**
 STREET ADDRESS **1650 22ND AVENUE N.**
 CITY-ST-ZIP **ST PETERSBURG FL 33713**

TITLE **D** ☐ Change ☒ Addition
 NAME **BURNITE STACEY**
 STREET ADDRESS **1666 21st AVENUE N.**
 CITY-ST-ZIP **ST. PETERSBURG, FL 33713**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LYNNE BROOKS **4/27/02** **(727)823-3670**

CR2E037 (9/01)