

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

03-21-2003 90093 020 ****61.25

DOCUMENT # N02000003291

1. Entity Name

CALDERWOOD HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**2425 W INE MILE ROAD STE 7
PENSACOLA FL 32534**

Mailing Address

**2425 W INE MILE ROAD STE 7
PENSACOLA FL 32534**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2425 W. Nine Mile Rd, Ste 7

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

03-0440541

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MELVIN, JACKIE P
2425 W INE MILE ROAD
PENSACOLA FL 32534**

7. Name and Address of New Registered Agent

Name

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

SUITE 7, 2425 W. NINE MILE RD.

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **WEBER, JAY W**
STREET ADDRESS **3800 AIRPORT BLVD STE 200**
CITY-ST-ZIP **MOBILE AL 3608**

TITLE **D** ☐ Delete
NAME **MELVIN, JACKIE P**
STREET ADDRESS **2425 W INE MILE ROAD STE 7**
CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE **D** ☐ Delete
NAME **EDGAR, CHARLES H JR**
STREET ADDRESS **2425 W INE MILE ROAD STE 7**
CITY-ST-ZIP **PENSACOLA FL 32534**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2425 W. NINE MILE RD, STE 7**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2425 W. NINE MILE RD, STE 7**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAY W. WEBER, DIRECTOR

3-19-2003

Date

(251)343-8198

Daytime Phone #

CR2E037 (10/02)