## 10. TITLE NAME STREET ADDRESS 26 GREENLEA CIR. CITY-ST-ZIP CRAWFORDVILLE FL CITY-ST-ZIP CRAWFORDVILLE, FL **X** Delete TITLE D ☐ Change DORMINLEY: RICK Addition NAME GEMMILL, R.C. 313 GREENLEA CIR STREET ADDRESS STREET ADDRESS 55 GREENLEA CIR. CITY-ST-ZIP CRAWFORDVILLE FL 32327 CITY-ST-7IP <u>CRAWFORDVILLE FI</u> Delete S/D ☐ Change Addition BARLOWE, LISA NAME NAME SHEPHERD, KAREN 11 NANCY ALLEN ST STREET ADDRESS STREET ADDRESS CRAWFORDVILLE FL 4 NANCY ALLEN ST. CITY-ST-ZIP CITY-ST-ZIP CRAWFORDVILLE, FL. TITLE ☐ Delete TITLE Addition CAIN. OTTIS ☐ Change NAME NAME JONES, STEVE **46 GREENLEA CIR** STREET ADDRESS STREET ADDRESS 19 CENTEPEDE DR. CRAWFORDVILLE FL CITY-ST-ZIP CITY-ST-ZIP CRAWFORDVILLE, FL ☐ Delete TITLE ALLEY, GREG NAME ☐ Addition ALLEY, GREG NAME STREET ADDRESS 79 GREENLEA 79 GREENLEA DR. STREET ADDRESS CITY-ST-ZIP CRAWFORDVILLE FL 32327 CITY-ST-ZIP CRAWFORDVILLE, FL. TITLE Delete TITLE Custer, Kenth ☐ Change Addition NAME PHILLIPS, STACY NAME

<u>CRAWFORDVILLE.</u> 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

23 NANCY ALLEN DR

CRAWFORDVILLE FL 32327

STREET ADDRESS

CITY-ST-ZIP

166 GREENLEA CIR.

(850) 926 551\$