2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 12, 2002 8:00 am Secretary of State **DOCUMENT # N11055** 1. Entity Name DARKWATER-CLEARWATER LAKES OWNERSHIP ASSOCIATION 05-12-2002 90540 008 ****61.25 Principal Place of Business Mailing Address 299 NEAL ROAD 299 NEAL ROAD HAWTHORNE FL 32640 HAWTHORNE FL 32640 US 2. Principal Place of Business 3. Mailing Address 104 Darkwater Lake Rd Post Office Box 448 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Hawthorne, FL 59-2724051 Orange Springs, FL Not Applicable Country Country **\$8.75** Additional 5. Certificate of Status Desired 32640 32182**-044** USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name <u>Joe LaHair</u> Street Address (P.O. Box Number is Not Acceptable) **BUDROW, RICHARD** 104 Darkwater Lake Road 299 NEAL ROAD HAWTHORNE FL 32640 City Zip Code 32640 Hawthorne 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. 4/22/02 SIGNATURE Signature, typed of of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 3 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) TITLE ☐ Delete TITLE ★★ Change Addition PD BROWN, SID NAME NAME Brown, Sid STREET ADDRESS 13426 CURRITUCK DR S STREET ADDRESS 13426 Currituck Dr. S. Jacksonville, FL 32225 CITY-ST-ZIP CITY-ST-ZIP Jacksonville fl 32225 TITLE Delete TITLE xx Change ☐ Addition VD NAME **BUDROW, RICHARD** NAME Pollard, Darnell 700 Camelia Trail STREET ADDRESS 299 NEAL ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAWTHORNE FL 32640-St. Augustine, FL 32086 PD TITLE Change ☐ Delete TITLE ☐ Addition NAME Hagel, Paul NAME Hagel, Paul STREET ADDRESS 295 NEAL ROAD STREET ADDRESS 295 Néal Road CITY-ST-ZIP HAWTHORNE FL 32640 CITY-ST-ZIP Hawthorne, FL 32640 **ASTD** TITLE ☐ Delete TITLE ASTD Change ☐ Addition NAME COKER, CAROL NAME Coker, Leroy 134 Darkwater Lake Rd. STREET ADDRESS 134 DARKWATER LAKE RD STREET ADDRESS CITY-ST-ZIP HAWTHORNE FL 32640 CITY-ST-ZIP Hawthorne, FL 32640 STD TITLE ☐ Delete TITLE ** Change ☐ Addition NAME MOORE, WILL LaHair; Joe 104 Darkwater Lake Rd. STREET ADDRESS 109 DARKWATER LAKE RD STREET ADDRESS CITY-ST-ZIP HAWTHORNE FL 32640 CITY-ST-ZIP Hawthorne, FL 32640 TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 expowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02

Daytime Phone #

Date