2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11055



Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90160 043 ****61.25

FILED

1. Entity Name DADKWATER OF EADWATER LAKES OWNERSHIP ASSOCIATION

, INC.				TES				
Principal Place of Business 104 DARKWATER LAKE ROAD HAWTHORNE FL 32640 US		Mailing Address PO BOX 448 ORANGE SPRINGS FL 32182 US						
	Place of Business ARKWATER LAKE RD	3. Mailing Address						
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			以 (CHECK HERE IF MAK	KING CHANGES	
19ity & Stat	HORNE FL	City & State			4. FEI Number 59	-2724051		pplied For ot Applicable
32640	Sountry US	Zip	Country		5. Certificate of Sta	atus Desired	\$8.75 Add Fee Require	
-	6. Name and Address of Current F	Registered Agent			7. Name and Add	ess of New Register	red Agent	
		الم الكونيون مشتم المان	Name	OOK	FR-LERON		· Andrewsky Dall	
LAHAIR, JOE				playess (P		ER LAKE	- 0.01	$\overline{}$
104 DARKWATER LAKE ROAD				134 1	JHKKUUA-I	ER LAKE	ROAL	
HAWIHU	PRNE FL 32640	,					_	
			City	AWT	HORNE		FL ZBCZ	640
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.								
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
SIGNATURE	Signature, typed or printed name of egistered agent a	nd title if applicable. (NOTE: F	registered Agent signat	ure required v	when reinstating)	DA	TE.	
	14							
FILE NOW: FEE IS \$61.25 9. Election Campaign Finan					\$5.00 May Be	Make Ch	eck Payable	to
_	# 527 4/26/03	ntribution.		Added to Fees	Florida De _l	partment of S	State	
10.	OFFICERS AND DIR	ECTORS	11.		DOITIONS/CHANGE	S TO OFFICERS AND	DIRECTORS IN	10
TITLE	PD 24 St	□ Delete	TITLE		DUTTONOTOTIANGL	S TO OFFICE FIG. AIVE	Change	Addition
NAME	POLLARD, DARNELL		NAME					
STREET ADDRESS	700 CAMELIA TRAIL		STREET ADDRESS					
CITY-\$T-ZIP	ST AUGUSTINE FL 32086		CITY-ST-ZIP					
TITLE	VD	☐ Delete	TITLE				Change	Addition
NAME	CALTON, HARRY		NAME					
STREET ADDRESS CITY-ST-ZIP	273 NEAL ROAD		STREET ADDRESS CITY-ST-ZIP				-	
	HAWTHORNE FL 32640	<u>~</u>		577				A
TITLE NAME	LEHAIR, JOE	Delete	TITLE -NAME====================================	57D	R LERUI		☐ Change	Addition
STREET ADDRESS	104 DARKWATER LAKE ROAD		STREET ADDRESS	172/6		R LAKE 1	20	
CITY-ST-ZIP	HAWTHORNE FL 32640		CITY-ST-ZIP	HA	ITHORNE.	FL 326	40	
TITLE	ASTD	Delete	TITLE	4577	D . 254B	Annue:	☐ Change	Addition
NAME	COKER, LEROY	• •	NAME	744	AN, SCAPS	KOOKE		•
STREET ADDRESS	134 DARKWATER LAKE RD	i	STREET ADDRESS	380	AN SEAB	paa ,	1.	
CITY-ST-ZIP	HAWTHORNE FL 32640		CITY-ST-ZIP	HAH	NTHORNE	FL 326		
TITLE	D DELAND WILLIAM	☐ Delete	TITLE				☐ Change	Addition (
NAME STREET ADDRESS	Ireland, William 9932 Blakeford Mill Road		NAME STREET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32256		CITY-ST-ZIP					
TITLE	UNUNDUNTILLE FL 32200	∩ Pelete	TITLE			·	Change	

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP