2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 08, 2004 8:00 am
Secretary of State
06-08-2004 90002 027 ****61.25

DOCUMENT # N18667

1. Entity Name

NATURAL WELLS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1192 WOODVILLE FL 32362 US	P.O. BOX 1192 WOODVILLE FL 32362 US

MOORE CR2E037 (11/03)

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 NO-T APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, DEBRA K
2678 BLUE WATER COURT
TALLAHASSEE FL 30325

7. Name and Address of New Registered Agent

Name: Debra Clayton
Street Address (P.O. Box Number is Not Acceptable): 2678 Blue Water Court
City: Tallahassee **FL** Zip Code: 32305

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: Debra Clayton
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
Due By May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WILDRICK, EMILY 10261 SYPHON RD TALLAHASSEE FL 32305	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Kevin Nutter 10004 N. Natural Wells Tallahassee, Florida 32305 — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JACOBSON, ARLLEN 10043 GREEN FOUNTAIN RD TALLAHASSEE FL 32305	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Charles Beard 10039 Green Fountain Road Tallahassee, Florida — ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT CLAYTON, DEBRA 2678 BLUE WATER CT TALLAHASSEE FL 32305 — NO Change stays the same	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS STEVENS, DIONNE 10115 GREEN FOUNTAIN TALLAHASSEE FL 32305 — stays the Same NO Change	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Debra Clayton Debra Clayton — 3/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #