

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2001 8:00 am**  
**Secretary of State**

04-09-2001 90016 001 \*\*\*\*61.25

**DOCUMENT # N20945**

1. Entity Name

**LAKE WOODBOURNE OWNERS ASSOCIATION, INC.**

Principal Place of Business

2215 E. STATE RD 200  
 YULEE FL 32097  
 US

Mailing Address

P.O. BOX 1987  
 YULEE FL 32097-1987  
 US

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

**59-3025870**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TERRELL J. POWELL**  
**2215 E. STATE RD 200**  
**YULEE FL 32097**

Name

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

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.

SIGNATURE

*Terrell J. Powell*  
 Terrell J Powell

3.14.01

Signature, typed or printed name of registered agent and 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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD**  Delete  
 NAME **EUBANK, ETHEL**  
 STREET ADDRESS **4350 LAKE WOODBOURNE DR. S**  
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **MCKENNEY, JIM**  
 STREET ADDRESS **8226 LAKE WOODBOURNE DR. E**  
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **MORAN, ROSS**  
 STREET ADDRESS **4353 LAKE WOODBOURNE DR. S.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Delete  
 NAME **MILLER, PATRICIA**  
 STREET ADDRESS **4341 LAKE WOODBOURNE DR. S.**  
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD**  Delete  
 NAME **SUE DOLINSKY,**  
 STREET ADDRESS **4343 LAKE WOODBOURNE DR.**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 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: X

*Terrell J. Powell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/01

904-225-9070

Date

Daytime Phone #

CR2E037 (10/00)