

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90195 032 ****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

Name

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

City

FL

Zip Code

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

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

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

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	D	<input type="checkbox"/> Delete
NAME	EUBANK, ETHEL	
STREET ADDRESS	4350 LAKE WOODBOURNE DR. S	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKENNEY, JIM	
STREET ADDRESS	8226 LAKE WOODBOURNE DR. E	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MORAN, ROSS	
STREET ADDRESS	4353 LAKE WOODBOURNE DR. S.	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FUQUA, BILLY	
STREET ADDRESS	8238 LAKE WOODBURN DRIVE E	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHROCK, DEAN	
STREET ADDRESS	4381 LAKE WOODBURN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fugua, Billy	
STREET ADDRESS	8238 Lake Woodbourne Dr E.	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crimm, Jesse	
STREET ADDRESS	4328 Lake Woodbourne Dr.	
CITY-ST-ZIP	Jacksonville, FL 32217	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jim McKenney* **3/25/03** **904-225-9070**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)