1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300001190 1. Corporation Name

HUNDRED ACRE WOODS HOMEOWNERS ASS'N., INC.

Principal Place of Business 6965 HUNDRED ACRE DRIVE PORT ST JOHN FL 32927

Mailing Address

P.O. BOX 10113 PORT ST. JOHN FL 32927

FILED Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90170 027 ****61.25



| US | US | | | | t 185 180 812 10100 1111 8211 8211 8211 8211 1102 1103 1103 1103 | | | | |
|--|---|--|---------------------|---|--|---|-----------------|----------------|--|
| F | | 10-11 | | | 3 Data Issamo | orated or Qualifed | | | |
| · | lace of Business | <u> </u> | 2a. Mailing Address | | | | | | |
| Suite, Apt. | # ota | Suite, Apt. #, etc. | | | 03/09/199 4: FEI Number | | 1/ | Applied For | |
| | #, etc. | ⊢ ' ' ' ' | 27 | | | 43 | | Not Applicable | |
| City & Stat | te . | City & State | | | | | \$8.75 | Additional | |
| 23 | | 28 | ¬ ´ | | | 5. Certificate of Status Desired Fee Required | | | |
| Zip | Country Zip | | | Country 6. Election Campaign Final | | npaign Financing | \$5.0 | May Be | |
| 24 | 25 29 30 | | 30 | Trust Fund Contribu | | | | | |
| | 9. Name and Address of Current | t Registered Agent | | | 10. Name and | Address of New Registe | red Agent | | |
| | | <u>. </u> | 81 | Name | | | | | |
| DODTED KEVIN S | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| PORTER, KEVIN S 6965 HUNDRED ACRE DRIVE | | | 02 | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| PORT ST. JOHN FL 32927 | | | 83 | | | | | | |
| PONTOI. | JOHN FL 32921 | | <u></u> | <u> </u> | | | lor l 7 | p Code | |
| | | | 84 | City | • | | FL 85 Zi | - COG9 | |
| 11 Pursuant | to the provisions of Sections 617.0502 | 2 and 617 1508. Florida Statute | s. the abov | e-named o | corporation submits this | statement for the purpos | e of changing i | its registered | |
| office or i | registered agent or both in the State (| nt Fiorida. Such chande was au | tnonzea ov | tine corpo | pration's board of director | ors. I hereby accept the a | ppointment as | registered | |
| agent. I a | m familiar with, and accept the obligat | lions of, Section 617.0503, Fion | da Statutes | ·. | | A | | , , | |
| SIGNATURE | Signature, typed or printed name of registered agen | t and title if applicable (NOTE: | Registered Age | nt signature re | equired when reinstating) | DAT | E | | |
| 12. | | D DIRECTORS | 13. | | | HANGES TO OFFICER | S AND DIRECT | FORS IN 12 | |
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | | | ☐ Chang | e 🔲 Addition | |
| NAME | PORTER, KEVIN S | | 1.2 NAME | | | | | • | |
| STREET ADDRESS | ASAC LUMBOCO ACOC DONE | | 1.3 STREE | TADDRESS | | | | | |
| CITY-ST-ZIP | PORT ST JOHN FL 32927 | | 1.4 CITY-9 | | | | -8 | - | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | ,, <u>c</u> | | | Chang | e Addition | |
| NAME | STEINERT, ANDREW J | | 2.2 NAME | | | • | | | |
| STREET ADORESS | COTO CHIEFT DAY COURT | | | T ADDRESS | t. | * | | | |
| [• | PORT ST. JOHN FL 32927 | All interest in the second | | ST-ZIP | | | er a men er sæ | • | |
| CITY-ST-ZIP TITLE | SD SD | ☐ DELETÉ | 3.1 TITLE | 01-22 | | | Chang | e 🔲 Addition | |
| NAME | JACKSON, MARY ANN | _ | 3.2 NAME | | | | | | |
| STREET ADDRESS | | | | TADORESS | | | | | |
| | PORT ST JOHN FL 32927 | | 3.4. CITY- | ţ | | | | | |
| CITY-ST-ZIP | TD | DELETE | 4.1 TITLE | 31-21 | מיד | | ☐ Chang | e Addition | |
| NAME | STONE, CHERYL S | A | 4. 2 NAME | | | ERSON, DEBRA L | • | | |
| | MARE LINESPED ACOF DON'S | | 1 " | TADDRESS | | ACRE DRIVE | • | | |
| STREET ADDRESS | PORT ST JOHN FL 32927 | | 4.4 CITY-5 | | PORT ST JOHN | | • | | |
| CITY-ST-ZIP TITLE | FORE ST JOHN FE 32927 | ☐ DELETE | 5,1 TITLE | 31-4IF | TOKI DI UUM | ·/ LB 32341 | Chang | e Addition | |
| | | | 5.2 NAME | | | • | . – • | | |
| NAME | | | | TADDRESS | | | | • . | |
| STREET ADDRESS | | | 5.4 CITY- | | | . * * | | | |
| CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE | | | · · · · · · · · · · · · · · · · · · · | Chang | e Addition | |
| TITLE | | □ ptrrir | 6.2 NAME | | | • | | _ | |
| NAME | | | | T ADDECC | | | | | |
| STREET ADDRESS | · · | | 6.3 STREE | ET ADDRESS | | • | | | |

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE: