

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90184 043 ****61.25

DOCUMENT # N93000001190

1. Entity Name

HUNDRED ACRE WOODS HOMEOWNERS ASS'N., INC.

Principal Place of Business

Mailing Address

6965 HUNDRED ACRE DRIVE
 PORT ST JOHN FL 32927
 US

P.O. BOX 10113
 PORT ST. JOHN FL 32927-0113
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3480943

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORTER, KEVIN S
6965 HUNDRED ACRE DRIVE
PORT ST. JOHN FL 32927

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD PORTER, KEVIN S**
 STREET ADDRESS **6965 HUNDRED ACRE DRIVE**
 CITY-ST-ZIP **PORT ST JOHN FL 32927**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD STEINERT, ANDREW J**
 STREET ADDRESS **6852 SWEET BAY COURT**
 CITY-ST-ZIP **PORT ST. JOHN FL 32927**

TITLE Change Addition
 NAME **VD LYONS, PAUL H.**
 STREET ADDRESS **6990 HUNDRED ACRE DRIVE**
 CITY-ST-ZIP **PORT ST. JOHN, FL 32927**

TITLE Delete
 NAME **SD JACKSON, MARY ANN**
 STREET ADDRESS **6851 SWEET BAY COURT**
 CITY-ST-ZIP **PORT ST JOHN FL 32927**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD DECARLO-ANDERSON, DEBRA L**
 STREET ADDRESS **7120 HUNDRED ACRE DRIVE**
 CITY-ST-ZIP **PORT ST JOHN FL 32927**

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

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: *Kevin S Porter* **KEVIN S PORTER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 15, 2000 (321) 639-1171

Date

Daytime Phone #