

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002921

1. Entity Name

CANNON CREEK AIRPARK HOMEOWNERS' ASSOCIATION, IN

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90025 047 ****61.25

Principal Place of Business

RT 18, BOX 587
AIRPARK LANE
LAKE CITY FL 32025

Mailing Address

RT 18, BOX 587
AIRPARK LANE
LAKE CITY FL 32025

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

59-2808897

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

PHILLIPS, ELAINE G
RT 18, BOX 587
AIRPARK LANE
LAKE CITY FL 32025

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 PD
NAME PHILLIPS, ELAINE G
STREET ADDRESS RT 18, BOX 587 AIRPARK LANE
CITY-ST-ZIP LAKE CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BRATT, ALBERT V
STREET ADDRESS RT 18, BOX 593, AIRPARK LANE
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME KRECIOCH, MICHAEL B
STREET ADDRESS RT 18, BOX 580, AIRPARK LANE
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PD
NAME CHAMBERS, JAMES R
STREET ADDRESS RT 18, BOX 634-3
CITY-ST-ZIP LAKE CITY FL 32025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME RODRIGUEZ, BARBARA E
STREET ADDRESS RT 18, BOX 634
CITY-ST-ZIP LAKE CITY FL 32025 ☒ Delete

TITLE Director
NAME Blake, Sally D.
STREET ADDRESS Rt. 18, Box 628
CITY-ST-ZIP Lake City, Florida 32025 ☐ Change ☒ Addition

TITLE D
NAME STRATTON, BILLY G
STREET ADDRESS RT 18, BOX 631
CITY-ST-ZIP LAKE CITY FL 32025 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-2001 904-755-2105

CR2E037 (10/00)