2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000000265

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: SETTLEMENT ROAD ROADOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

13120 OLD SETTLEMENT ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

13120 OLD SETTLEMENT ROAD
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANAUSA, DANIEL E
3520 THOMASVILLE ROAD
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: BOD ( ) Delete
Name: ALLEN, RICK
Address: RT. 7 BOX 922-B
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: FREED, BAN
Address: RT. 7 BOX 924-B
City-St-Zip: TALLAHASSEE, FL 32308

Title: D ( ) Delete
Name: KOELLIKER, MILLIE
Address: RT 7, BOX 923-B
City-St-Zip: TALLAHASSEE, FL 32308

Title: PD ( ) Delete
Name: WESTER, JULIA
Address: 13120 OLD SETTLEMENT ROAD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIA WESTER PD 04/29/2002

Electronic Signature of Signing Officer or Director Date