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

**FILED**
**Mar 26, 2003 8:00 am**
**Secretary of State**
03-10-2003 90141 028 ****61.25

DOCUMENT # N98000005459

1. Entity Name
CONFEDERATE CROSSING HOMEOWNERS ASSOCIATION, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 10450 SAN JOSE BLVD.<br>JACKSONVILLE FL 32257 | 10450 SAN JOSE BLVD.<br>JACKSONVILLE FL 32257 |

CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | P.O. Box 600695<br>Suite, Apt. #, etc. |
| City & State | City & State: Jacksonville, FL 32260 |
| Zip / Country | Zip / Country |

4. FEI Number 59-3683858 ☐ 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 |
|---|---|
| PRATT, DENNIS L<br>10450 SAN JOSE BLVD.<br>STE. 3<br>JACKSONVILLE FL 32257 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. 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 / NAME / STREET ADDRESS / CITY-ST-ZIP | DPST<br>WILLIAMS, WALTER L JR<br>10450 SAN JOSE BLVD.<br>JACKSONVILLE FL 32257 | ☐ Delete | ☒ Change ☐ Addition<br>445 S.R. 13 N., Ste 6B<br>Jacksonville, FL 32259 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARCO, LYNDA<br>2587 WILSON BLVD<br>JACKSONVILLE FL 32210 | ☒ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WILLIAMS, SHELLEY<br>10458 SAN JOSE BLVD<br>JACKSONVILLE FL 32257 | ☐ Delete | ☒ Change ☐ Addition<br>445 S.R. 13 N., Ste 6B<br>Jacksonville, FL 32259 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Colleen Iddings<br>445 SR. 13 N Suite 6B<br>JAX, FLA 32259<br>Director | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |

CR2E037 (10/02)

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:** _____ 3/3/3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #