

# 2001 UNIFORM BUSINESS REPORT (UBR)

3/2/0

**FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90101 043 \*\*\*\*61.25

**DOCUMENT # 714725**

1. Entity Name

**LAKE ASBURY COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

282 BRANSCOMB RD  
GREEN COVE SPRINGS FL 32043

Mailing Address

282 BRANSCOMB RD  
GREEN COVE SPRINGS FL 32043

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

**59-2176741**

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

**GREEN, WANDA T  
712 SIMMONS TRAIL  
GREEN COVE SPRINGS FL 32043**

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

*Wanda T. Green, Treasurer-Secretary*

**2-27-01**

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	VC	<input type="checkbox"/> Delete
NAME	GODFREY, JOHN	
STREET ADDRESS	553 BRANSCOMB RD	<b>D</b>
CITY-ST-ZIP	GREEN COVE SPGS. FL00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	GREEN, WANDA T	
STREET ADDRESS	712 SIMMONS TR	<b>D</b>
CITY-ST-ZIP	GREEN COVE SPGS. FL00000	
TITLE	C	<input type="checkbox"/> Delete
NAME	HENDRY, GAYWARD	
STREET ADDRESS	577 BRANSCOMB RD	<b>D</b>
CITY-ST-ZIP	GREEN COVE SPGS. FL00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMSON, ONA	
STREET ADDRESS	755 HAZELWOOD COURT	
CITY-ST-ZIP	GREEN COVE SPGS. FL00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOFF, R. J.	<b>D</b>
STREET ADDRESS	737 HAZELWOOD CT	
CITY-ST-ZIP	GREEN COVE SPGS. FL00000	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	BOARD member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doug Davidson	<b>D</b>
STREET ADDRESS	690 SIMMONS TRAIL	
CITY-ST-ZIP	GREEN COVE SPRINGS, FL 32043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Wanda T. Green*

**2-27-01 (904-282-1090)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)