

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**  
04-20-2000 90046 013 \*\*\*\*61.25

**DOCUMENT # 733666**

1. Entity Name

**PROPERTY OWNERS ASSOCIATION OF MYSTERIOUS WATERS**

Principal Place of Business

Mailing Address

**2 MYSTERIOUS WATER RD  
CRAWFORDVILLE FL 32327  
US**

**2 MYSTERIOUS WATER RD  
CRAWFORDVILLE FL 32327-1438  
US**

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

**59-2810505**

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

**WEAVER, GEORGE  
80 OSPREY CIRCLE  
CRAWFORDVILLE FL 32327**

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	D	<input type="checkbox"/> Delete
NAME	HOFFMAN, KITTY	
STREET ADDRESS	1062 SEMINOLE DR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAUKER, JOANNA	
STREET ADDRESS	8 OSPRGY CIR	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	DP	<input type="checkbox"/> Delete
NAME	BARRON, KENNETH	
STREET ADDRESS	25 EGRET ST., S	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	DT	<input type="checkbox"/> Delete
NAME	KARSTETER, MOANA	
STREET ADDRESS	35 TURKEY TRAIL	
CITY-ST-ZIP	CRAWFORDVILLE FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	WHARTON, LAURA	
STREET ADDRESS	46 OSPRBY CIRCLE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
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
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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:** MOANA KARSTETER 4/17/00 926-7022  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)