

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

3/1

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

03-17-2003 91083 017 \*\*\*\*\*61.25

**DOCUMENT # 748653**

1. Entity Name

**HOOT OWL RIDGE COMMUNITY ASSOCIATION, INC.**



Principal Place of Business

**STAR ROUTE 3  
P.O. BOX 598  
SATSUMA FL 32189**

Mailing Address

**124 SUMMIT ROAD  
SR3 BOX 905  
SATSUMA FL 32189**

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 **59-2756932**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**PENROD, BETTY  
124 SUMMIT RD.  
SR3 BOX 905  
SATSUMA FL 32189**

7. Name and Address of New Registered Agent

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. 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

TITLE ☐ Delete  
NAME **PENROD, BETTY**  
STREET ADDRESS **SUMMIT RD**  
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE ☐ Delete  
NAME **WARK, CHARALEEN E**  
STREET ADDRESS **HC 3 BOX 908**  
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE ☐ Delete  
NAME **S KIRBY, HELEN**  
STREET ADDRESS **STAR RT 3 BOX 883 HICKORY NUT TRAIL**  
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE ☐ Delete  
NAME **P JACKSON, RUBY**  
STREET ADDRESS **200 HIGHRIDGE RD**  
CITY-ST-ZIP **SATSUMA FL**

TITLE ☒ Delete  
NAME **VP LAROW, RONALD G.**  
STREET ADDRESS **502 SQUIRREL TREE TR**  
CITY-ST-ZIP **SATSUMA FL 32189**

TITLE ☒ Delete  
NAME **T EVERLY, CHARLES**  
STREET ADDRESS **HILLTOP TERRACE**  
CITY-ST-ZIP **SATSUMA FL 32189**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **V.P. HENRY ELLIS**  
STREET ADDRESS **SQUIRREL TREE**  
CITY-ST-ZIP **SATSUMA FLA 32189**

TITLE ☐ Change ☒ Addition  
NAME **\* MIKE ADAMS**  
STREET ADDRESS **HIGH RIDGE ROAD**  
CITY-ST-ZIP **SATSUMA FLA 32189**

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/12/03**  
Date

Daytime Phone #

CR2E037 (10/02)