2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State
02-21-2001 90025 026 ****61.25

DOCUMENT # 755237

1. Entity Name

TOWNHOMES OF BIGTREE ASSOCIATION,INC.

Principal Place of Business	Mailing Address
P O BOX 5642 JACKSONVILLE FL 32247 US	P O BOX 5642 JACKSONVILLE FL 32247 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PO BOX 56516	PO BOX 56516
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JACKSONVILLE FL	City & State: JACKSONVILLE FL
Zip: 32241-6516 Country	Zip: 32241-6516 Country

4. FEI Number 59-2068347 ☐ 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
KAPLAN, MURRRAY A 10404 BIG TREE CIRCLE WEST JACKSONVILLE FL 32257	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BENNETT, HOBSON 10394 BIGTREE CIR W JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CAMPBELL, DON 10511 BIGTREE CIRCLE E JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MOORE, JO 10383 BIGTREE CIR E JACKSONVILLE FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MURRAY KAPLAN 10404 BIGTREE CIR W JACKSONVILLE FL 32257	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LOOS, SHIRLEY 10484 BIGTREE CIR W JACKSONVILLE FL 32257	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BRUNHILDE MECABE 10355 BIGTREE LANE JACKSONVILLE FL 32257	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KERR, JESSIE-LYNNE 10449 BIGTREE CIRCLE E JACKSONVILLE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EUGENE ST. MARIE MO 10325 BIGTREE TER JACKSONVILLE FL 32257	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRAGG, PHIL 10452 BIGTREE CIR W JACKSONVILLE FL 32257	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VERLIN SMITH 10404 BIGTREE CIR W JACKSONVILLE FL 32257	☐ Change ☑ Addition

CR2E037 (10/00)

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: Murray O Kaplan 2-13-01 904-292-2880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #