2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am § Secretary of State **DOCUMENT # 764319** 05-17-2001 91317 007 ****61.25 WOODMERE HOMEOWNERS AND CIVIC ASSOCIATION, INCOR Principal Place of Business Mailing Address PO BOX 8581 PO BOX 8581 JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4, FEI Number 51-0188803 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6.- Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPEES, GREGORY 3918 GUMWOOD DR W JACKSONVILLE FL 32277 Zip Code Fl 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. (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition SD ☐ Delete TITLE TITLE NAME CHEATHAM, JOHN NAME beverly cheatham STREET ADDRESS STREET ADDRESS 6112 ROUND LAKE, S. 6112 Round Lake S. CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32277 Jacksonville, FL 32277 ☐ Delete TITLE TITLE NAME TD HARPER, JERRY NAME STREET ADDRESS STREET ADDRESS 4075 BRIARFOREST RD E George Meyers CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32277 6045 University Club Blvd ☐ Addition Jacksonville, FL 32277 Change ☐ Delete TITLE TITLE CHEATHAM, BEVERLY NAME NAME STREET ADDRESS STREET ADDRESS 6112 ROUND LAKE, S CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TATLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P

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

05-02-01 904 743-5792