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

FILED

02 JUN -7 PM 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *N 00000003657*
1. Entity Name
St. Alban's Wood Owners Association, Inc.

DO NOT WRITE IN THIS SPACE

400005893624--2
-06/21/02--01006--001
****122.50 ****122.50

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>4400 NW 36th Avenue</i>		3. Mailing Address <i>4400 NW 36th Avenue</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Gainesville FL</i>	City & State <i>Gainesville FL</i>	Zip <i>32606</i>	Country <i>USA</i>

4. FEI Number <i>59-3733881</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name <i>Pat Tripp</i>
Street Address (P.O. Box Number is Not Applicable) <i>4400 NW 36th Avenue</i>
City <i>Gainesville FL</i>
Zip <i>32606</i>

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 *Pat Tripp* DATE *4-30-02*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR.

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>PD MacDougall, SS 215 S. Main St Alachua FL 32615</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VSTD MacDougall, CR 215 S. Main St Alachua FL 32615</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Steele-Martinez 376 SW 62nd Blvd Apt 3 Gainesville FL 32607</i>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>112.50-AR</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>10.00-AR/ARTS</i>
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DO NOT WRITE IN THIS SPACE

Pat Tripp

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Pat Tripp* DATE *4-30-02* DAYTIME PHONE *352-373-7800*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/01)