

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90093 046 \*\*\*\*61.25

DOCUMENT # N01000005404

1. Entity Name

**TIMBERLANE HOMEOWNERS ASSOCIATION OF MACCLENNY, INC.**



Principal Place of Business

**480 NORTH THRID STREET  
MACCLENNY FL 32063**

Mailing Address

**PO BOX 356  
MACCLENNY FL 32063**

2. Principal Place of Business

**5985 South River Circle**

3. Mailing Address

**P.O. Box 356**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Macclenny, FL**

City & State

**Macclenny, FL**

4. FEI Number **59-3757888**

Applied For

Not Applicable

Zip

**32063-0000**

Country

**US**

Zip

**32063-0356**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RHODEN, HUGH B  
480 NORTH THRID STREET  
MACCLENNY FL 32063**

7. Name and Address of New Registered Agent

Name **Hugh B. Rhoden**

Street Address (P.O. Box Number is Not Acceptable)

**1287 Copper Creek Drive**

**P.O. Box 356**

City

**Macclenny**

FL

Zip Code

**32063-0356**

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

**Hugh B. Rhoden**

**15 Jan 03**

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 NAME	<b>P RHODEN, HUGH B</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>480 NORTH THRID STREET</b>	
CITY-ST-ZIP	<b>MACCLENNY FL 32063</b>	
TITLE NAME	<b>STD CRAWFORD, CLUADETTE</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>5885 S. RIVERCIRCLE</b>	
CITY-ST-ZIP	<b>MACCLENNY FL 32063</b>	
TITLE NAME	<b>D LEE, CLARENCE R</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>486 TIMBERLANE DRIVE</b>	
CITY-ST-ZIP	<b>MACCLENNY FL 32063</b>	
TITLE NAME	<b>D RHODEN, HUGH B</b>	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	<b>480 N 3RD STREET</b>	
CITY-ST-ZIP	<b>MACCLENNY FL 32063</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>P Rhoden, Hugh B.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1287 Copper Creek Drive</b>	
CITY-ST-ZIP	<b>Macclenny, FL 32063</b>	
TITLE NAME	<b>STD Crawford, Claudette</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>5985 S. River Circle</b>	
CITY-ST-ZIP	<b>Macclenny, FL 32063</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	<b>D Rhoden, Hugh B.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1287 Copper Creek Drive</b>	
CITY-ST-ZIP	<b>Macclenny, FL 32063</b>	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 affidavit with all other like empowered.

SIGNATURE:

**Claudette Crawford**

**15 Jan 03 (904) 259-2176**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

0063760