

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

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90112 044 ****61.25

DOCUMENT # N01000006625

1. Entity Name

CALLAWAY OWNERS ASSOCIATION, INC.



Principal Place of Business

**4400 US HWY 90 WEST
LAKE CITY FL 32055**

Mailing Address

**4400 US HWY 90 WEST
LAKE CITY FL 32055**

2. Principal Place of Business

2806 W US90

3. Mailing Address

2806 W US90

Suite, Apt. #, etc.

SUITE 101

Suite, Apt. #, etc.

SUITE 101

City & State

LAKE CITY FL

City & State

LAKE CITY FL

Zip

32055

Country

USA

Zip

32055

Country

USA

4. FEI Number **59-3751193**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRAPPS, DANIEL

**~~4400 US HWY 90 WEST~~ 2806 W US90 SUITE 101
LAKE CITY FL 32055**

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	PD	<input type="checkbox"/> Delete
NAME	CRAPPS, DANIEL	
STREET ADDRESS	4400 US HWY 90 WEST 2806 W US90 SUITE 101	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SPARKS, CHARLES S	
STREET ADDRESS	4400 US HWY 90 WEST 2806 W US90 SUITE 101	
CITY-ST-ZIP	LAKE CITY FL 32055	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CRAWFORD, STANLEY	
STREET ADDRESS	RT 18, BOX 970	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED CRAPPS

1/31/03

**386-
755-5110**

CR2E037 (10/02)