

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

FILED
Jun 20, 2003 8:00 am
Secretary of State

05-07-2003 90166 037 ****70.00

DOCUMENT # N02000007139

1. Entity Name

WASHINGTON HEIGHTS ESTATES NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

Mailing Address

**4517 MONCRIEF RD
JACKSONVILLE FL 32209**

**4517 MONCRIEF RD
JACKSONVILLE FL 32209**

55049139

2. Principal Place of Business

3. Mailing Address

7229 Ken Knight Dr E

7229 Ken Knight Dr E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

Jacksonville FL

Jacksonville FL

4. FEI Number

Applied For

540590135

Not Applicable

Zip

Country

Zip

Country

32209

32209

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

**BROCK, DARRELL
4517 MONCRIEF RD
JACKSONVILLE FL 32209**

Name **Mattie Davis**

Street Address (P.O. Box Number is Not Acceptable)
7229 Ken Knight Dr E

City **Jacksonville**

FL

Zip Code

32209

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

Mattie L. Davis

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **P BROCK, DARRELL**
STREET ADDRESS **4517 MONCRIEF RD**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **V PERSON, CASSANDRA**
STREET ADDRESS **4519 KEN KNIGHT DR N**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **S TAYLOR, LISA**
STREET ADDRESS **4613 KEN KNIGHT DR N**
CITY-ST-ZIP **JACKSONVILLE 32 209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **DAVIS, MATTIE**
STREET ADDRESS **7229 KEN KNIGHT DR E**
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-17-03 904-764-1360

CR2E037 (10/02)