

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07672

1. Entity Name

VERDURA WOODS HOMEOWNERS' ASSOCIATION, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90112 024 ****61.25

Principal Place of Business

2579 MORGAN WOODS TRACE
TALLAHASSEE FL 32311
US

Mailing Address

2579 MORGAN WOODS TRACE
TALLAHASSEE FL 32311-8319
US

2. Principal Place of Business

2614 AUGUSTINE CREEK TRACE
Suite, Apt. #, etc.

3. Mailing Address

2614 AUGUSTINE CREEK TRACE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE, FLA.

City & State

TALLAHASSEE, FLA.

4. FEI Number

59-1986824

Applied For

Not Applicable

Zip

32311

Country

LEDN

Zip

32311

Country

LEDN

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROCTOR, M. JULIAN JR.
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32302

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.

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE BOD ☐ Delete
NAME MORGAN, HERBERT F.
STREET ADDRESS 6790 AUGUSTINE CREEK COURT
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE P ☒ Delete
NAME ADKINS, CHUCK
STREET ADDRESS 2618 AUGUSTINE CREEK TRACE
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE VP ☐ Delete
NAME DANIEL, JOE
STREET ADDRESS 2586 MORGAN WOODS TRACE
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE ST ☒ Delete
NAME JOHNSON, RICK
STREET ADDRESS 2579 MORGAN WOODS TRACE
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE BOD ☒ Delete
NAME FILES, HAROLD
STREET ADDRESS 2624 AUGUSTINE CREEK TRACE
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE BOD ☐ Delete
NAME BOYD, STEVE
STREET ADDRESS 6829 SWAIN TRACE
CITY-ST-ZIP TALLAHASSEE FL 32311

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PRESIDENT ☒ Change ☐ Addition
NAME TREVOR MILAM
STREET ADDRESS 6857 SWAIN TRACE
CITY-ST-ZIP TALLAHASSEE, FLA. 32311

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

TITLE SECRETARY/TREASURER ☒ Change ☐ Addition
NAME KAREN CAMILLE GLYPH
STREET ADDRESS 2614 AUGUSTINE CREEK TRACE
CITY-ST-ZIP TALLAHASSEE, FLA. 32311

TITLE DIRECTOR ☒ Change ☐ Addition
NAME SHANNON MURPHY
STREET ADDRESS 6790 AUGUSTINE CREEK Ct.
CITY-ST-ZIP TALLAHASSEE, FLA. 32311

TITLE DIRECTOR ☐ Change ☒ Addition
NAME MARIA JOHNSON
STREET ADDRESS 6821 SWAIN TRACE
CITY-ST-ZIP TALLAHASSEE, FLA. 32311

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:

KAREN CAMILLE GLYPH

2/30/2000

414-3923

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)