

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 02, 2001 8:00 am**
Secretary of State

02-02-2001 90308 028 ****61.25

DOCUMENT # N07672

1. Entity Name

VERDURA WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

**2614 AUGUSTINE CREEK TRACE
TALLAHASSEE FL 32311
US**

Mailing Address

**2614 AUGUSTINE CREEK TRACE
TALLAHASSEE FL 32311
US**

2. Principal Place of Business

2579 Morgan Woods Trace
Suite, Apt. #, etc.

3. Mailing Address

2579 Morgan Woods Trace
Suite, Apt. #, etc.

City & State

Tallahassee, FLZip
32311

Country

City & State

Tallahassee FLZip
32311

Country

4. FEI Number

59-1986824

Applied For

Not Applicable

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	<input type="checkbox"/> Delete
NAME	MORGAN, HERBERT F.	
STREET ADDRESS	6790 AUGUSTIN CREEK COURT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE	P	<input type="checkbox"/> Delete
NAME	MILAM, TREVOR	
STREET ADDRESS	6857 SWAIN TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE	VP	<input type="checkbox"/> Delete
NAME	DANIEL, JOE	
STREET ADDRESS	2586 MORGAN WOODS TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE	ST	<input type="checkbox"/> Delete
NAME	GLYMPH, KAREN C	
STREET ADDRESS	2614 AUGUSTINE CREEK TRACE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE	D	<input type="checkbox"/> Delete
NAME	MURPHY, SHANNON	
STREET ADDRESS	6798 AUGUSTINE CREEK CT	
CITY-ST-ZIP	TALLAHASSEE FL 32311	

TITLE	BOD	<input type="checkbox"/> 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		<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rick Johnson	
STREET ADDRESS	2579 Morgan Woods Trace	
CITY-ST-ZIP	Tallahassee, FL 32311	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/01**309-1660 X410**

CR2E037 (10/00)