

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07672

1. Entity Name

VERDURA WOODS HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2579 MORGAN WOODS TRACE
TALLAHASSEE FL 32311
US

Mailing Address

2579 MORGAN WOODS TRACE
TALLAHASSEE FL 32311
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

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

TITLE P
NAME MILAM, TREVOR ☐ Delete
STREET ADDRESS 6857 SWAIN TRACE
CITY-ST-ZIP TALLAHASSEE FL 32311

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

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

TITLE D
NAME MURPHY, SHANNON ☐ Delete
STREET ADDRESS 6798 AUGUSTINE CREEK CT
CITY-ST-ZIP TALLAHASSEE FL 32311

TITLE BOD
NAME BOYD, STEVE ☐ Delete
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90159 025 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)