

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90151 030 ****61.25

DOCUMENT # N08600

1. Entity Name

WILDER CREEK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

RT. 3, BOX 255
MAYO FL 32066

Mailing Address

RT. 3, BOX 255
MAYO FL 32066

22000888



2. Principal Place of Business

2142 SW CR 534

3. Mailing Address

2142 SW CR 534

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mayo FL

City & State

Mayo FL

Zip

32066

Country

U.S.A.

Zip

32066

Country

U.S.A.

4. FEI Number **NOT APPLICABLE**

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LEVIS, LAWSON E SR.
RT. 3, BOX 255
MAYO FL 32066**

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** ☐ Delete
NAME **LAWSON, LEVIS E SR.**
STREET ADDRESS **RT. 3, BOX 255**
CITY-ST-ZIP **MAYO FL 32066**

TITLE **VD** ☐ Delete
NAME **LAWSON, LEVIS E JR.**
STREET ADDRESS **RT. 3, BOX 255**
CITY-ST-ZIP **MAYO FL 32066**

TITLE **STD** ☐ Delete
NAME **LAWSON, FRANCES L**
STREET ADDRESS **RT. 3, BOX 255**
CITY-ST-ZIP **MAYO FL 32066**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2142 SW CR 534**
CITY-ST-ZIP **Mayo, Fl. 32066**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **2142 SW CR 534**
CITY-ST-ZIP **Mayo, Fl. 32066**

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TITLE ☐ Change ☐ Addition
NAME
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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

1/28/03

386-294-1149

CR2E037 (10/02)