

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N18667

1. Entity Name

NATURAL WELLS HOMEOWNERS ASSOCIATION, INC.

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90727 042 ****61.25

Principal Place of Business

P.O. BOX 1192
WOODVILLE FL 32362
US

Mailing Address

P.O. BOX 1192
WOODVILLE FL 32362
US

B0122609



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

HUMPHREY, JOHN T
2716 N NATURAL WELLS DR
TALLAHASSEE FL 32311

Name

Debra Kaye Clayton

Street Address (P.O. Box Number is Not Acceptable)

2678 Blue Water Court

City

Tallahassee

FL

Zip Code

32305

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

Debra Kaye Clayton Treasurer

5/14/02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME HUMPHREY, JOHN T
STREET ADDRESS P.O. BOX 851 N/A
CITY-ST-ZIP WOODVILLE FL 32362 ☒ Delete

TITLE Pres.
NAME Mattie Mobley
STREET ADDRESS 10074 Blue Waters Rd
CITY-ST-ZIP Tall. FL 32305 ☒ Change ☐ Addition

TITLE DV
NAME MCCLAMMA, HENRY M
STREET ADDRESS P.O. BOX 138 N/A
CITY-ST-ZIP WOODVILLE FL 32362 ☒ Delete

TITLE V. Pres
NAME Jack Arons
STREET ADDRESS 10088 Blue Waters Rd
CITY-ST-ZIP Tall. FL 32305 ☒ Change ☐ Addition

TITLE DT
NAME O'NEIL, DIANNE
STREET ADDRESS 2103 NATURAL WELLS DR
CITY-ST-ZIP TALLAHASSEE FL 32311 ☒ Delete

TITLE DT
NAME Debra Clayton
STREET ADDRESS 2678 Blue Water Ct.
CITY-ST-ZIP Tallahassee, FL 32305 ☒ Change ☐ Addition

TITLE DS
NAME SWEARENGIN, LISA
STREET ADDRESS P.O. BOX 1303 N/A
CITY-ST-ZIP WOODVILLE FL 32362 ☒ Delete

TITLE DS.
NAME Dionne Stevens
STREET ADDRESS 10115 Green Fountain
CITY-ST-ZIP Tall. FL 32305 ☒ Change ☐ Addition

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

5/14/02

Date

421-3105

Daytime Phone #

CR2E037 (9/01)