

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 28 AM 10:20

DOCUMENT # N18667

1. Entity Name
NATURAL WELLS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
10095 GREEN FOUNTAIN RD
TALLAHASSEE, FL 32305

Mailing Address
P.O. BOX 1192
WOODVILLE, FL 32362



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282008

Chg-NP

CR2E037 (12/06)

City & State

City & State

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Zip

Country

Zip

Country

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

MUHAMMAD, DAVID
10184 SANDY ROCK LANE
TALLAHASSEE, FL 32305

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

Filing Fee is \$61.25
Due by May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BLOOMQUIST, BERGEN	<input type="checkbox"/> Delete
NAME	10095 GREEN FOUNTAIN RD	
STREET ADDRESS	TALLAHASSEE, FL 32305	
CITY-ST-ZIP		
TITLE	MUHAMMAD, DAVID	<input type="checkbox"/> Delete
NAME	10184 SANDY ROCK LANE	
STREET ADDRESS	TALLAHASSEE, FL 32305	
CITY-ST-ZIP		
TITLE	ADKISON, MARY	<input type="checkbox"/> Delete
NAME	10069 SPRING SINK RD	
STREET ADDRESS	TALLAHASSEE, FL 32305	
CITY-ST-ZIP		
TITLE	O'NEIL, DIANNE	<input type="checkbox"/> Delete
NAME	2103 NATIONAL WELLS DRIVE	
STREET ADDRESS	TALLAHASSEE, FL 32305	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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04/28/08--01005--009 **61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

4/28/08