2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 29, 2000 8:00 am Secretary of State **DOCUMENT # N22973** 1. Entity Name THE DERBY WOODS OWNERS ASSOCIATION, INC. 01-29-2000 90138 041 ****61.25 Principal Place of Business Mailing Address P O BOX 59 P O BOX 59 LYNN HAVEN FL 32444-7059 LYNN HAVEN FL 32444-0059 00012660 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-285 1283 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMALL MAN Street Address (P.O. Box Number is Not Acceptable) TEW, KATHY DERBY WOODS 196 DERBY WOODS DR LYNN HAVEN FL 32444 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. SMALLMAN, PRESIDENT (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change □ Addition PD TITLE TITLE Delete JOHN SMALLMAN NAME NAME TEW. KATHY 147 DERBY WOODS DR STREET ADDRESS STREET ADDRESS 196 DERBY WOODS DR LYNN HAUEN, FL. 32444 CITY-ST-ZIP CITY-ST-ZIP LYNN HAVEN FL Change Addition ۷D Delete TITLE TITLE FOWLER NAME NAME TEW, TOMMY 152 DERBY WOODS DL 196 DERBY WOODS DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LYNN HAVEN FL 32444 ■ Addition Delete TITLE TITLE. KATHY TEW NAME NAME PETTIS, CONNIE 196 DERBY WOODS DR STREET ADDRESS STREET ADDRESS 1434 BLUE GRASS LYNN HAVEN, FL 32444 CITY-ST-ZIP CITY-ST-ZIP lynn haven fl Change ☐ Addition TITLE ☐ Delete NAME TWIGG, NANCY NAME STREET ADDRESS STREET ADDRESS 186 DERBY WOODS DR CITY-ST-ZIP CITY-ST-ZIP Lynn haven fl ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P 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 of 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.

850-265-1936