2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State
03-06-2002 90075 002 ****61.25

DOCUMENT # N22973

1. Entity Name

THE DERBY WOODS OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 59 LYNN HAVEN FL 32444-7059	P O BOX 59 LYNN HAVEN FL 32444-7059

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 59-2851283 ☐ 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
SMALLMAN, JOHN 147 DERBY WOODS DR LYNN HAVEN FL 32444	Name: TWIGG, NANCY C. Street Address (P.O. Box Number is Not Acceptable): 186 DERBY WOODS DR. City: LYNN HAVEN FL Zip Code: 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.

SIGNATURE: Nancy C. Twigg 2/23/02
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SMALLMAN, JOHN 147 DERBY WOODS DR LYNN HAVEN FL 32444	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HUFF, GARY 123 DERBY WOODS DR. LYNN HAVEN FL 32444	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HUF, GARY 123 DERBY WOODS DRIVE LYNN HAVEN FL 32444	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SCHULZ, JAMES 2102 SHAMROCK LYNN HAVEN FL 32444	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TWIGG, NANCY 186 DERBY WOODS DRIVE LYNN HAVEN FL 32444	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TWIGG, NANCY 186 DERBY WOODS DR LYNN HAVEN FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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: NANCY C. TWIGG Nancy C. Twigg SIGNATURE REQUIRED 2/23/02 850-265-1936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #