

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32619

1. Entity Name

THE WOODLANDS OF CLEAR CREEK HOMEOWNERS ASSOCIAT

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90114 006 ****61.25

Principal Place of Business

Mailing Address

C/O DAVID A. RUSSELL
 499 N. FERDON BLVD.
 CRESTVIEW FL 32536

C/O DAVID A. RUSSELL
 499 N. FERDON BLVD.
 CRESTVIEW FL 32536-2729



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2969886

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

RUSSELL, DAVID A.
 499 N. FERDON BLVD.
 CRESTVIEW FL 32536

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.

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, DAVID A.	
STREET ADDRESS	RT 3, BOX 455	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	RUSSELL, IRENE C.,	
STREET ADDRESS	RT. 3 BOX 455	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	BODEMAN, SHIRLEY Y.	
STREET ADDRESS	6116 EVERGREEN PARKWAY	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEDEMAN, NORMAN E.	
STREET ADDRESS	6120 EVERGREEN PKWY.	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEDEMAN, NORMAN	
STREET ADDRESS	6120 EVERGREEN PARKWAY	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILWELL, JOHN	
STREET ADDRESS	3004 KENSINGTON CT.	
CITY-ST-ZIP	CRESTVIEW, FL 32539	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Potts, Bonnie	
STREET ADDRESS	6041 Bud Moulton Rd	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, DAVID A.	
STREET ADDRESS	6028 Hwy 85	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Potts, Frank E.	
STREET ADDRESS	6041 Bud Moulton Rd	
CITY-ST-ZIP	CRESTVIEW, FL 32536	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

David A. Russell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 Jan 2000 80-689-0071
 Date Daytime Phone #

CR2E037 (9/99)