

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90096 021 \*\*\*\*61.25

UBR1010

**DOCUMENT # N32619**

1. Entity Name

**THE WOODLANDS OF CLEAR CREEK HOMEOWNERS ASSOCIAT**

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

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

**59-2969886**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



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 *David A. Russell*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*March 3, 2001*

**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 type="checkbox"/> Delete
NAME	HEDEMAN, NORMAN	
STREET ADDRESS	6120 EVERGREEN PARKWAY	
CITY - ST - ZIP	CRESTVIEW FL 32539	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STILWELL, JOHN	
STREET ADDRESS	3004 KENSINGTON CT.	
CITY - ST - ZIP	CRESTVIEW FL 32539	
TITLE	STD	<input type="checkbox"/> Delete
NAME	POTTS, BONNIE	
STREET ADDRESS	6041 BUD MOWLTON RD	
CITY - ST - ZIP	CRESTVIEW FL 32536	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSELL, DAVID	
STREET ADDRESS	6028 HWY 85	
CITY - ST - ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	POTTS, FRANK E	
STREET ADDRESS	6041 BUD MOULTON RD	
CITY - ST - ZIP	CRESTVIEW FL 32536	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILWELL, JOHN	
STREET ADDRESS	3004 KENSINGTON CT	
CITY - ST - ZIP	CRESTVIEW, FL 32539	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAYER, JERRY L.	
STREET ADDRESS	6119 Evergreen Parkway	
CITY - ST - ZIP	CRESTVIEW, FL 32539	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hedeman, Betty	
STREET ADDRESS	6120 Evergreen Parkway	
CITY - ST - ZIP	CRESTVIEW, FL 32539	

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: *Bonnie Potts*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Apr 20, 01 850-689-0071*  
 Date Daytime Phone #

CR2E037 (10/00)

