

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90085 019 ****61.25

DOCUMENT # N32619

1. Entity Name

THE WOODLANDS OF CLEAR CREEK HOMEOWNERS ASSOCIATION, INC.

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

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** Delete
 NAME **HEDEMAN, NORMAN**
 STREET ADDRESS **6120 EVERGREEN PARKWAY**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **VD** Change Addition
 NAME **Wayer, Jerry L.**
 STREET ADDRESS **6119 Evergreen Parkway**
 CITY-ST-ZIP **CRESTVIEW, FL 32539**

TITLE **P** Delete
 NAME **STILWELL, JOHN**
 STREET ADDRESS **3004 KENSINGTON CT.**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE **D** Change Addition
 NAME **Lloyd, KAREN**
 STREET ADDRESS **5376 HARE ST**
 CITY-ST-ZIP **CRESTVIEW, FL 32536**

TITLE **STD** Delete
 NAME **POTTS, BONNIE**
 STREET ADDRESS **6041 BUD MOWLTON RD**
 CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **RUSSELL, DAVID**
 STREET ADDRESS **6028 HWY 85**
 CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **POTTS, FRANK E**
 STREET ADDRESS **6041 BUD MOULTON RD**
 CITY-ST-ZIP **CRESTVIEW FL 32536**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HEDEMAN, BETTY**
 STREET ADDRESS **6120 EVERGREEN PARKWAY**
 CITY-ST-ZIP **CRESTVIEW FL 32539**

TITLE Change 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

1/29/02
 Date

850 682-6156
 Daytime Phone #

CR2E037 (9/01)