

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N34100**

1. Entity Name

CUNNINGHAM CREEK UNIT III HOME OWNER'S ASSOCIATION, INC.

Principal Place of Business

**445-26 STATE RD. 13
SUITE 356
JACKSONVILLE FL 32259**

Mailing Address

**445-26 STATE RD. 13
SUITE 356
JACKSONVILLE FL 32259**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**MATHIS, DON
2145 HAWKCREST DR E
JACKSONVILLE FL 32259**

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MATHIS, DON	
STREET ADDRESS	2145 HAWKCREST DR., E.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	COLLIER, BRAD	
STREET ADDRESS	2247 HAWKCREST DRIVE E	
CITY-ST-ZIP	JACKSONVILLE FL 32259	

TITLE	I	<input type="checkbox"/> Delete
NAME	ROE, FRANCES E	
STREET ADDRESS	2129 HAWKCREST DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	

TITLE	SD	<input type="checkbox"/> Delete
NAME	BIASTRE, GEORGE JR.	
STREET ADDRESS	2170 HAWKCREST DRIVE EAST	
CITY-ST-ZIP	JACKSONVILLE FL 32259	

TITLE	D	<input type="checkbox"/> Delete
NAME	BLACK, DON	
STREET ADDRESS	2146 HAWCREST DR., E.	
CITY-ST-ZIP	JACKSONVILLE FL 32259	

TITLE	D	<input type="checkbox"/> Delete
NAME	SLEE, DON J	
STREET ADDRESS	1923 WEB FOOT PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETER ZALABRESE	
STREET ADDRESS	1928 WEB FOOT PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32259	

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		<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		

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: *Frances E. Roe* FRANCES E. ROE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**FILED**
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90132 048 *****70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2971067**Applied For
Not Applicable5. Certificate of Status Desired ☒**\$8.75** Additional
Fee Required

CR2E037 (9/01)