

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2003 8:00 am
Secretary of State

03-05-2003 90040 016 ****70.00

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2971067**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MATHIS, DON**
STREET ADDRESS **2145 HAWKCREST DR., E.**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **VP** ☒ Delete
NAME **KALABRESE, PETER**
STREET ADDRESS **1928 WEB FOOTE PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **T** ☐ Delete
NAME **ROE, FRANCES E**
STREET ADDRESS **2129 HAWKCREST DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **SD** ☒ Delete
NAME **BIASTRE, GEORGE JR.**
STREET ADDRESS **2170 HAWKCREST DRIVE EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **D** ☐ Delete
NAME **BLACK, DON**
STREET ADDRESS **2146 HAWKCREST DR., E.**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE **D** ☐ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **KEVIN MURPHY**
STREET ADDRESS **2130 HAWKCREST DR E**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **DAN WANTZ**
STREET ADDRESS **1969 WEB FOOT PLACE**
CITY-ST-ZIP **JACKSONVILLE FL 32259**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Frances E. Roe* REQUIRED

2/1/03

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CR2E037 (10/02)