

2001 UNIFORM BUSINESS REPORT (UBR)

4/19/

FILED
May 17, 2001 8:00 am
Secretary of State

04-19-2001 90316 030 ****61.25

DOCUMENT # N40245

1. Entity Name

WEDGWOOD VILLAS OF DUVAL COUNTY OWNERS ASSOCIATI

Principal Place of Business

9889-1 SAN JOSE BLVD.
 JACKSONVILLE FL 32257

Mailing Address

9889-1 SAN JOSE BLVD.
 JACKSONVILLE FL 32257

45527-

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-1959729

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

HOWELL, MELISSA J
 562 STAFORDSHIRE DRIVE EAST
 JACKSONVILLE FL 32225

Name **BRYAN CANTRELL** (Signature & Title)

Street Address (P.O. Box Number is Not Acceptable)
 9889-1 San Jose Blvd

City **Jacksonville**

FL

Zip Code **32257**

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

BRYAN K CANTRELL

Bryan K Cantrell

4/10/01

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

TITLE	P	HOWELL, MELISSA J	<input checked="" type="checkbox"/> Delete
NAME		562 STAFORDSHIRE DRIVE EAST	
STREET ADDRESS		JACKSONVILLE FL 32225	
CITY-ST-ZIP			
TITLE	VP	MCCASKILL, FRANK	<input checked="" type="checkbox"/> Delete
NAME		590 STAFFORDSHIRE DR. E	
STREET ADDRESS		JACKSONVILLE FL 32225	
CITY-ST-ZIP			
TITLE	T	DONAGHE, HAROLD	<input checked="" type="checkbox"/> Delete
NAME		568 STAFFORDSHIRE DR.	
STREET ADDRESS		JACKSONVILLE FL 32225	
CITY-ST-ZIP			
TITLE	S	DONAGHE, MARY	<input checked="" type="checkbox"/> Delete
NAME		568 STAFFORDSHIRE DR.	
STREET ADDRESS		JACKSONVILLE FL 32225	
CITY-ST-ZIP			
TITLE	D	BAIR, SAM	<input checked="" type="checkbox"/> Delete
NAME		572 STAFORDSHIRE DRIVE	
STREET ADDRESS		JACKSONVILLE FL 32225	
CITY-ST-ZIP			
TITLE	D	MICHON, NORM	<input checked="" type="checkbox"/> Delete
NAME		632 STAFORDSHIRE DRIVE	
STREET ADDRESS		JACKSONVILLE FL 32225	
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VP	NORM MICHON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		632 Staffordshire Drive	
STREET ADDRESS		Jacksonville, FL 32225	
CITY-ST-ZIP			
TITLE	T	CARMEN BOUILLETTE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		555 Staffordshire Drive	
STREET ADDRESS		Jacksonville, FL 32225	
CITY-ST-ZIP			
TITLE	D	MARY SPON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		586 Staffordshire Drive East	
STREET ADDRESS		Jacksonville, FL 32225	
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:

Melissa J Howell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

904)221-2027

Daytime Phone #

CR2E037 (10/00)