8/13/01-90065-024-$61.25-$61.25

8

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC 19 PM 4:00

DOCUMENT # N41103

1. Entity Name

HOPEWELL FARMS PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business	Mailing Address
C/O JIM CAMPBELL P.O. BOX 620 MADISON FL 32341 US	C/O JIM CAMPBELL P.O. BOX 620 MADISON FL 32341 US

DO NOT WRITE IN THIS SPACE

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 59-3041186 ☐ Applied For ☐ Not Applicable

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
CAMPBELL, JAMES T 640 MURIEH COURT TALLAHASSEE FL 32303	Name: John M. Bethea Street Address (P.O. Box Number is Not Acceptable): 17 Hopewell Farms Dr PO BOX 1042 City: Madison, FL Zip Code: 32341

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: JMTT — 7-28-01
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 After September 12, 2001, min. will be $236.25	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAMPBELL, JAMES T 640 MURIEL COURT TALLAHASSEE FL	☑ Delete	PD JOHN M. BETHEA P O BOX 1042 - 17 Hopewell Farms Dr MADISON, FL. 32341	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BETHEA, JOHN P.O. BOX 1042 N/A MADISON FL	☑ Delete	VD-1ST WALTER J. GRAHAM JR. RT 5 BOX 6919 MADISON, FL. 32340	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BERG, ALAN N 878 TIMBERLAND TRAIL ALTAMONTE SPRINGS FL	☑ Delete	VD-2ND RUTH A CASE 117 W. PICKEY ST. #717 MADISON, FL. 32340	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SP~~	☐ Delete	STD JAMES T CAMPBELL 640 MUDIEL CT. TALLAHASSEE, FL. 32303	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E057 (5/01)

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: SIGNATURE REQUIRED — 7-28-01 — 850 973-9445
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AD