

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-25-2001 90150 033 ****61.25

DOCUMENT # N44437

1. Entity Name

COUNTRY WALK LAND OWNERS ASSOCIATION, INC.

Principal Place of Business

**544 PONDEROSA ST
 MELBOURNE FL 32904**

Mailing Address

**544 PONDEROSA ST
 MELBOURNE FL 32904**

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, R W
 544 PONDEROSA ST
 MELBOURNE FL 32804**

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

RW Thompson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/13/2001

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	VD	<input type="checkbox"/> Delete
NAME	WRIGHT, MILDRED M.	
STREET ADDRESS	544 PONDEROSA ST	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	PD	<input type="checkbox"/> Delete
NAME	THOMPSON, RONALD W.	
STREET ADDRESS	544 PONDEROSA ST	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	THOMPSON, MICHAEL SHANE	
STREET ADDRESS	544 PONDEROSA ST	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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	<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:

RW Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/2001
 Date

321 723 1530
 Daytime Phone #

CR2E037 (10/00)