2001 UNIFORM BUSINESS REPORT (UBR)

Apr 20, 2001 8:00 am [§] Secretary of State DOCUMENT # **N50604** 1. Entity Name VILLAS AT CROSS CREEK OWNERS ASSOCIATION, INC. 04-20-2001 90014 041 ****61.25 Principal Place of Business Mailing Address 9889-1 SAN JOSE BLVD 9889-1 SAN JOSE BLVD JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3153923 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) SIGNATURE REALTY & MANAGEMENT, INC. 9889-1 SAN JOSE BLVD. JACKSONVILLE FL 32257 Zip Code City 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE Delete TITLE SIDDERS, RICHARD A NAME NAME Jurnann Circ Trail 12221 MASTIN COVE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Delete TITI F TITLE RYSKA, JESS NAME norgan NAME STREET ADDRESS 249 CARRIANN COVE TR W STREET ADDRESS CITY-ST-7IP CITY_ST_ZIP_: JACKSONVILLE-FL-DS TITLE Delete PEEK, MICHELE NAME NAME STREET ADDRESS STREET ADDRESS 12307 SONDRA COVE TR N CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL Addition DT Delete Delete TITLE TITLE HAMLIN, IRV NAME NAME 12225 MASTIN COVE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-01

904-612-3646

Daytime Phone #