

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000708

1. Entity Name

MAPLE HILL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 52027
JACKSONVILLE FL 32201

Mailing Address

P.O. BOX 52027
JACKSONVILLE FL 32201

2. Principal Place of Business

P.O. Box 7854

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7854

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32238

Country

USA

Zip

32238

Country

USA

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

NUSSBAUM, WILLIAM
1851 EXECUTIVE CENTER DR
STE - 102
JACKSONVILLE FL 32207

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

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 PD ☐ Delete
NAME SMITHERMAN, DENNY J
STREET ADDRESS 10490 WELLINGTON SPRINGS WAY
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE VD ☐ Delete
NAME HINDS, TOMMY W III
STREET ADDRESS 8128 MAPLE STREET
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE DTS ☒ Delete
NAME NICHOLAS, VICKI S
STREET ADDRESS 3622 WALSH STREET
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE STD ☒ Change ☐ Addition
NAME SMITHERMAN, DENNY J
STREET ADDRESS 10490 WELLINGTON SPRINGS WAY
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE PD ☒ Change ☐ Addition
NAME HINDS, TOMMY W III
STREET ADDRESS 8128 MAPLE STREET
CITY-ST-ZIP JACKSONVILLE FL 32244

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

TITLE VD ☐ Change ☒ Addition
NAME DURRANCE, MARVIN J
STREET ADDRESS 3401 FAIRBANKS GRANT RD
CITY-ST-ZIP JACKSONVILLE FL 32223

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: *Denny Smitherman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

J. DENNY SMITHERMAN

4-18-01 (904) 783-1937

Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)