

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90001 048 ****61.25

DOCUMENT # N96000000213

1. Entity Name

POINT OF WOODS HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

(111 POINT OF WOODS TRAIL)
 ROUTE 5, BOX 1841
 PALATKA FL 32177

(111 POINT OF WOODS TRAIL)
 ROUTE 5, BOX 1841
 PALATKA FL 32177-9153



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3353909

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

ECHOLS, KEN
(111 POINT OF WOODS TRAIL)
ROUTE 5, BOX 1841
PALATKA FL 32177

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **DPMT**
 STREET ADDRESS **ECHOLS, KEN**
 CITY-ST-ZIP **111 POINT OF WOODS TR**
PALATKA FL 32177

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

TITLE ☐ Delete
 NAME **DV**
 STREET ADDRESS **CASTLEBERRY, TERRY**
 CITY-ST-ZIP **RT 5 BOX 1856**
PALATKA FL 32177

TITLE ☒ Change ☐ Addition
 NAME **D**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **DS**
 STREET ADDRESS **HARDEN, FRAN**
 CITY-ST-ZIP **RT 5 BOX 1839**
PALATKA FL 32177

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

TITLE ☒ Delete
 NAME **DS**
 STREET ADDRESS **EGAN, WALT**
 CITY-ST-ZIP **RT 5 BOX 1817**
PALATKA FL 32177

TITLE ☐ Change ☒ Addition
 NAME **DV**
 STREET ADDRESS **Kathy Alday**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WELCH, DARRELL**
 CITY-ST-ZIP **RT 5 BOX 1854**
PALATKA FL 32177

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

TITLE ☒ Delete
 NAME **DV**
 STREET ADDRESS **DALE, DIANNE**
 CITY-ST-ZIP **RT 5 BOX 1808**
PALATKA FL 32177

TITLE ☐ Change ☒ Addition
 NAME **D**
 STREET ADDRESS **Dwight Gore**
 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:

(Signature: Kenneth Echols)

2/1/00

904 328-8707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C-1 037 (9/99)