

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003831

1. Entity Name

WINDWARD COVE HOMEOWNERS ASSOCIATION OF AMELIA I

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90072 048 ****61.25

Principal Place of Business

Mailing Address

4950 Windward Place
Fernandina Beach, FL 32034

4950 Windward Place
Fernandina Beach, FL 32034

00004603

2. Principal Place of Business

4949 Windward Place

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Beach, FL

City & State

SAME

4. FEI Number

59-3424826

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

~~Canfield Don F~~
~~4950 Windward Place~~
~~Fernandina Beach, FL 32034~~

Canfield Don F
4950 Windward Place
Fernandina Beach, FL 32034

7. Name and Address of New Registered Agent

Name SHAFER Donald L.
Street Address (P.O. Box Number is Not Acceptable)

4949 Windward Place

City Fernandina Beach, FL Zip Code 32034-5646

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

Donald L. Shafer
Donald L. Shafer TREASURER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/05/01

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	DP	☒ Delete
NAME	NORM, MACKIE	
STREET ADDRESS	4946 WINDWARD PL	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	DV	☒ Delete
NAME	FITZ-GERALD, LEE	
STREET ADDRESS	4938 WINDWARD PLACE	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	DTS	☒ Delete
NAME	CANFIELD, DON	
STREET ADDRESS	4950 WINDWARD PL	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
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	DP	☒ Change ☐ Addition
NAME	FITZGERALD, LEE	
STREET ADDRESS	4938 Windward Place	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	DV	☒ Change ☐ Addition
NAME	FALLIN, EVANS	
STREET ADDRESS	4940 Windward Place	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	DT	☒ Change ☐ Addition
NAME	SHAFER, DONALD	
STREET ADDRESS	4949 Windward Place	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	DS	☒ Change ☐ Addition
NAME	MOORE, TERRY	
STREET ADDRESS	4951 Windward Place	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
TITLE	DD	☒ Change ☐ Addition
NAME	SHAFER, JENNIFER	
STREET ADDRESS	4945 Windward Place	
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034	
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: Donald L. Shafer, TREASURER

01-05-01

(904) 491-3519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)