

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001474

1. Entity Name

WESTCHASE MANOR HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

5175 BLANDING BLVD.
JACKSONVILLE FL 32210

5175 BLANDING BLVD.
JACKSONVILLE FL 32210

2. Principal Place of Business

3. Mailing Address

8128 Beattie Blvd

PO. Box 441022

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FLORIDA

Jacksonville FLORIDA

Zip

Country

Zip

Country

32244

Duval

32222

Duval

4. FEI Number

59-3548236

Applied For

Not Applicable

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

TONEY, EDWARD L
5175 BLANDING BLVD.
JACKSONVILLE FL 32210

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	PD	<input type="checkbox"/> Delete
NAME	TONEY, EDWARD L	
STREET ADDRESS	2815 EVERCHARM PLACE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KELLEY, JULIE T	
STREET ADDRESS	8175 WEKIVA WAY	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CALDWELL, CHRISTINA	
STREET ADDRESS	5175 BLANDY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
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		

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brenda Rabbitt	
STREET ADDRESS	5373 LACY JANE WAY	
CITY-ST-ZIP	JACKSONVILLE FLORIDA 32244	
TITLE	VICE PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Therrell	
STREET ADDRESS	5386 LACY JANE WAY	
CITY-ST-ZIP	JACKSONVILLE, FLORIDA 32244	
TITLE	Sec. Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON SKIDMORE	
STREET ADDRESS	8128 BEATTIE BLVD	
CITY-ST-ZIP	JACKSONVILLE FLORIDA 32244	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vivien Scott	
STREET ADDRESS	5356 LACY JANE WAY	
CITY-ST-ZIP	JACKSONVILLE FLORIDA 32244	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARON MILES	
STREET ADDRESS	8119 BEATTIE BLVD	
CITY-ST-ZIP	JACKSONVILLE FLORIDA 32244	
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:

Brenda Rabbitt President

4-22-02 904-278-6766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

80091885



DO NOT WRITE IN THIS SPACE

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