

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90024 028 ****61.25

DOCUMENT # N97000002653

1. Entity Name

HENRY WILSON CREEK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6512 CAROLINE ST
 MILTON FL 32570

6512 CAROLINE ST
 MILTON FL 32570

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3604397

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

SCHLEIFER, JON D
6512 CAROLINE ST
MILTON FL 32570

Name

OTIS, BEN C.

Street Address (P.O. Box Number is Not Acceptable)

6512 CAROLINE STREET

City

MILTON,

FL

Zip Code

32570

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 **BEN C. OTIS**

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 **D** ☒ Delete
 NAME **SCHLEIFER, JON D**
 STREET ADDRESS **6512 CAROLINE ST**
 CITY-ST-ZIP **MILTON FL 32570**

TITLE **D** ☐ Change ☒ Addition
 NAME **OTIS, BEN C.**
 STREET ADDRESS **6512 CAROLINE STREET**
 CITY-ST-ZIP **MILTON, FL. 32570**

TITLE **D** ☐ Delete
 NAME **HUGHES, KENNETH**
 STREET ADDRESS **4704 HENRY WILSON DRIVE**
 CITY-ST-ZIP **MILTON FL 32583**

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

TITLE **D** ☐ Delete
 NAME **DOWNES, ROBERT**
 STREET ADDRESS **4713 HENRY WILSON DRIVE**
 CITY-ST-ZIP **MILTON FL 32583**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

BEN C. OTIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 25, 2001

(850) 479-9610

Date

Daytime Phone #

CR2E037 (10/00)