

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2003 8:00 am
Secretary of State

3/1

03-10-2003 90786 031 ****61.25

DOCUMENT # N97000002857

1. Entity Name

SHILOH RIDGE OWNERS ASSOCIATION, INC.



Principal Place of Business
SHILOH RIDGE
481 S.W. BLUEGRASS CT
FORT WHITE FL 32038

Mailing Address
SHILOH RIDGE
481 S.W. BLUEGRASS CT
FORT WHITE FL 32038

55052109

2. Principal Place of Business

SHILOH RIDGE

Suite, Apt. #, etc.

PO BOX

City & State

FORT WHITE FL

Zip

32038

Country

USA

3. Mailing Address

SHILOH RIDGE

Suite, Apt. #, etc.

PO BOX

City & State

FORT WHITE FL

Zip

32038

Country

USA

4. FEI Number **59-3451506**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CRENSHAW, JUANITA
481 S.W. BLUEGRASS CT
FORT WHITE FL 32038

7. Name and Address of New Registered Agent

Name **JAMES BONNER**

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

459 SW GIDEON PL

City **FORT WHITE**

FL

Zip Code **32038**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **JAMES BONNER PRESIDENT**

James Bonner

2/23/03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **TD** ☒ Delete
NAME **CRENSHAW, JUANITA**
STREET ADDRESS **481 S.W. BLUEGRASS CT**
CITY-ST-ZIP **FORT WHITE FL 32038**

TITLE **SECRETARY** ☐ Delete
NAME **BROWNING, PETER**
STREET ADDRESS **428 CONESTOGA WAT**
CITY-ST-ZIP **FORT WHITE FL 32038**

TITLE **VD** ☒ Delete
NAME **CRENSHAW, DANIEL**
STREET ADDRESS **481 S.W. BLUEGRASS CT**
CITY-ST-ZIP **FORT WHITE FL 32038**

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 **PRESIDENT** ☒ Change ☒ Addition
NAME **JAMES BONNER**
STREET ADDRESS **459 SW GIDEON PL**
CITY-ST-ZIP **FORT WHITE FL 32038**

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **BARBARA CRUSE**
STREET ADDRESS **358 SW GIDEON PL**
CITY-ST-ZIP **FORT WHITE FL 32038**

TITLE **TREASURER (ASS)** ☒ Change ☐ Addition
NAME **MARYISA BONNER**
STREET ADDRESS **459 SW GIDEON PL**
CITY-ST-ZIP **FORT WHITE FL 32038**

TITLE **VICE PRES** ☒ Change ☐ Addition
NAME **STEVE JACOBS**
STREET ADDRESS **553 SW CUMBERLAND**
CITY-ST-ZIP **FORT WHITE FL 32038**

TITLE **VICE PRES** ☒ Change ☐ Addition
NAME **HOMER CRUSE**
STREET ADDRESS **358 SW GIDEON PL**
CITY-ST-ZIP **32034**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **JUDY JACOBS**
STREET ADDRESS **553 SW CUMBERLAND**
CITY-ST-ZIP **FORT WHITE FL 32034**

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: **JAMES BONNER PRES.**

2/23/03

386 497 2146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)