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

3/1

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

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

55052109

[redacted]

DOCUMENT # N97000002857

1. Entity Name
SHILOH RIDGE OWNERS ASSOCIATION, INC.

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

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
SHILOH RIDGE		SHILOH RIDGE	
Suite, Apt. #, etc.: PO BOX		Suite, Apt. #, etc.: PO BOX.	
City & State: FORT WHITE FL		City & State: FORT WHITE FL	
Zip: 32038	Country: USA	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	7. Name and Address of New Registered Agent
CRENSHAW, JUANITA 481 S.W. BLUEGRASS CT FORT WHITE FL 32038	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
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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: TD NAME: CRENSHAW, JUANITA STREET ADDRESS: 481 S.W. BLUEGRASS CT CITY-ST-ZIP: FORT WHITE FL 32038	☑ Delete	TITLE: PRESIDENT NAME: JAMES BONNER STREET ADDRESS: 459 SW GIDEON PL CITY-ST-ZIP: FORT WHITE FL 32038 D	☑ Change ☐ Addition
TITLE: ~~PRE~~ SECRATARY NAME: BROWNING, PETER STREET ADDRESS: 428 CONESTOGA WAT CITY-ST-ZIP: FORT WHITE FL 32038 D	☐ Delete	TITLE: TREASURER NAME: BARBARA CRUSE STREET ADDRESS: 358 SW GIDEON PL CITY-ST-ZIP: FORT WHITE FL 32038 D	☑ Change ☐ Addition
TITLE: VD NAME: CRENSHAW, DANIEL STREET ADDRESS: 481 S.W. BLUEGRASS CT CITY-ST-ZIP: FORT WHITE FL 32038	☑ Delete	TITLE: TREASURER (ASS) NAME: MARYLISA BONNER STREET ADDRESS: 459 SW GIDEON PL CITY-ST-ZIP: FORT WHITE FL 32038 D	☑ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: VICE PRES NAME: STEVE JACOBS STREET ADDRESS: 553 SW CUMBERLAND CITY-ST-ZIP: FORT WHITE FL 32038	☑ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: VICE PRES. NAME: HOWARD CRUSE STREET ADDRESS: 358 SW GIDEON PL D CITY-ST-ZIP: 32034	☑ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: SECRATARY NAME: JUDY JACOBS STREET ADDRESS: 553 SW CUMBERLAND CITY-ST-ZIP: FORT WHITE FL 32038	☑ Change ☐ Addition

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~~ SIGNATURE REQUIRED 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)