

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 05, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90049 029 \*\*\*\*61.25

**DOCUMENT # N97000004347**

1. Entity Name  
**LYDIA ESTATES HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**3000-8 HARTLEY RD.**      **P.O. BOX 26006**  
**JACKSONVILLE FL 32257**      **JACKSONVILLE FL 32226-6006**

2. Principal Place of Business      3. Mailing Address  
**2215 EAST S.R. 200**      **PO BOX 1987**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**YULEE, FL**      **YULEE, FL**

4. FEI Number      Applied For  
**59-3485252**       Not Applicable

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

Zip      Country      Zip      Country  
**32097**           **32041-1987**           **32097**           **FL**           **32097**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**FIXEL, ALAN L**  
**3000-8 HARTLEY RD.**  
**JACKSONVILLE FL 32257**

7. Name and Address of New Registered Agent  
 Name: **TERRY POWELL**  
 Street Address (P.O. Box Number is Not Acceptable): **2215 EAST S.R. 200**  
 City: **YULEE**      State: **FL**      Zip Code: **32097**

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: *Terrill J. Powell*      DATE: **2-22-00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution:  **\$5.00** May Be Added to Fees

**FILE NOW: FEE IS \$61.25**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete	NAME: <b>FIXEL, ALAN L</b> STREET ADDRESS: <b>P.O. BOX 26006</b> CITY-ST-ZIP: <b>JACKSONVILLE FL 32226-6006</b>	TITLE: <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>Charles W. Arnold III</b> STREET ADDRESS: <b>2931 Plummer Cove Rd</b> CITY-ST-ZIP: <b>Jacksonville FL 32223</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete	NAME: <b>PERRY, SHARON</b> STREET ADDRESS: <b>P.O. BOX 26006</b> CITY-ST-ZIP: <b>JACKSONVILLE FL 32226-6006</b>	TITLE: <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>William B. Thompson</b> STREET ADDRESS: <b>2931 Plummer Cove Rd.</b> CITY-ST-ZIP: <b>Jacksonville, FL 32223</b>
TITLE: <b>D</b> <input checked="" type="checkbox"/> Delete	NAME: <b>SEYMORE, VICKIE</b> STREET ADDRESS: <b>4029 CAPPER RD.</b> CITY-ST-ZIP: <b>JACKSONVILLE FL 32218</b>	TITLE: <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: <b>Karen Chappell</b> STREET ADDRESS: <b>2931-Plummer-Cove-Rd-Jacksonville,</b> CITY-ST-ZIP: <b>FL-32223</b>
TITLE: <input type="checkbox"/> Delete	NAME: <input type="checkbox"/> Delete	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Vickie Seymore*      DATE: **5-5-00**      DAYTIME PHONE #: **94-1653105**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)