

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001825

1. Entity Name

EAGLE'S RIDGE PHASE II HOMEOWNERS ASSOCIATION, I

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90046 017 ****61.25

Principal Place of Business

Mailing Address

9 CRESTEO EAGLE DR
CRAWFORDVILLE FL 32327
US

9 CRESTEO EAGLE DR
BOX 251
CRAWFORDVILLE FL 32326-0251
US

2. Principal Place of Business

9 Crested Eagle Drive

Suite, Apt. #, etc.

3. Mailing Address

9 Crested Eagle Drive

Suite, Apt. #, etc.

City & State

Crawfordville FL

City & State

Crawfordville FL

4. FEI Number

59-3560193

Applied For

Not Applicable

Zip

32327

Country

US

Zip

32327

Country

US

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

Name

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

9 Crested Eagle Drive

City

Crawfordville,

FL

Zip Code

32327

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 ☐ Delete
NAME SHAWLEY, DON
STREET ADDRESS 9 CRESTEO EAGLE DR
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE VD ☒ Delete
NAME BRADLEY, JAMES
STREET ADDRESS 15 RING TAILED EAGLE DR
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE SD ☒ Delete
NAME CRAWFORD, BETSY
STREET ADDRESS 58 EAGLE'S RIDGE DR
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE UD ☒ Change ☐ Addition
NAME Keith Thompson
STREET ADDRESS 47 Ring Tailed Eagle Dr
CITY-ST-ZIP Crawfordville, FL 32327

TITLE SD ☒ Change ☐ Addition
NAME Mathis, Peggy
STREET ADDRESS 25 Eyrie Drive
CITY-ST-ZIP Crawfordville, FL 32327

TITLE TD ☐ Change ☒ Addition
NAME Maxwell, Jacqueline J.
STREET ADDRESS 102 Eagle's Ridge Drive
CITY-ST-ZIP Crawfordville, FL 32327

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

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:

SIGNATURE REQUIRED Don Shawley.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-00 850-926957

CR2E037 (9/99)