

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001825

1. Entity Name

EAGLE'S RIDGE PHASE II HOMEOWNERS ASSOCIATION, I

Principal Place of Business

9 CRESTED EAGLE DR  
CRAWFORDVILLE FL 32327  
US

Mailing Address

9 CRESTED EAGLE DR  
CRAWFORDVILLE FL 32327  
US

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

59-3560193

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

SHAWLEY, DON  
9 CRESTED EAGLE DR  
CRAWFORDVILLE FL 32327

Name

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

City

FL

Zip Code

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

TITLE \* Correct Address \* ☐ Change ☐ Addition  
NAME 9 Crested Eagle Drive  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD  
NAME THOMPSON, KEITH ☐ Delete  
STREET ADDRESS 47 EYRIE TAILED EAGLE DR  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

TITLE \* Correct Address \* ☐ Change ☐ Addition  
NAME 47 Ring Tailed Eagle Drive  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD  
NAME MATHIS, PEGGY ☐ Delete  
STREET ADDRESS 25 EYRIE DRIVE  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

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

TITLE TD  
NAME MAXWELL, JACQUELINE J ☐ Delete  
STREET ADDRESS 102 EAGLE'S RIDGE DR  
CITY-ST-ZIP CRAWFORDVILLE FL 32327

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  
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-01

Date

Daytime Phone #

FILED  
Apr 12, 2001 8:00 am  
Secretary of State

04-12-2001 90153 003 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)