

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001825

1. Entity Name

EAGLE'S RIDGE PHASE II HOMEOWNERS ASSOCIATION, I
NC.

Principal Place of Business

Mailing Address

9 CRESTED EAGLE DR
CRAWFORDVILLE FL 32327
US

9 CRESTED EAGLE DR
CRAWFORDVILLE FL 32327
US

2. Principal Place of Business

102 Eagle's Ridge Drive

3. Mailing Address

102 Eagle's Ridge Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Crawfordville, FL

City & State

Crawfordville, FL

Zip

32327

Country

USA

Zip

32327

Country

USA

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

SHAWLEY, DON
9 CRESTED EAGLE DR
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

Jacqueline J. Maxwell

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

102 Eagle's Ridge 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)

4/25/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHAWLEY, DON 9 CRESTED EAGLE DRIVE CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD THOMPSON, KEITH 47 RING TAILED EAGLE DRIVE CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATHIS, PEGGY 25 EYRIE DRIVE CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAXWELL, JACQUELINE J 102 EAGLE'S RIDGE DR CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Maxwell, Jacqueline J. 102 Eagle's Ridge Drive Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Lewis, Thomas J. 88 Eagle's Ridge Drive Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Braden, Jean 78 Eagle's Ridge Drive Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	F Hawkins, Suzanne 9 Eyrie Drive Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Fluty, Paula 45 Eagle's Ridge Drive Crawfordville, FL 32327	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline J. Maxwell 4/25/02

850/386-2117

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0061623

CR2E037 (9/01)