

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

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90212 007 \*\*\*\*70.00

**DOCUMENT # N98000001825**

1. Entity Name

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



Principal Place of Business

**102 EAGLES RIDGE DR  
CRAWFORDVILLE FL 32327  
US**

Mailing Address

**102 EAGLES RIDGE 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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SHAWLEY, DON  
102 EAGLES RIDGE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Jacqueline J. Maxwell, President 4-30-03*

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	PD	<input type="checkbox"/> Delete
NAME	MAXWELL, JACQUELINE J	
STREET ADDRESS	102 EAGLES RIDGE DR	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, THOMAS J	
STREET ADDRESS	88 EAGLES RIDGE DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BRADEN, JEAN	
STREET ADDRESS	78 EAGLES RIDGE DR	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAWKINS, SUZANNE	
STREET ADDRESS	9 EYRIE DRIVE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FLUTY, PAULA	
STREET ADDRESS	45 EAGLES RIDGE DR	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keith Thompson	
STREET ADDRESS	47 Ring Tailed Eagle Dr	
CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Cornelison	
STREET ADDRESS	20 Ring Tailed Eagle Dr	
CITY-ST-ZIP	Crawfordville, FL 32327	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Jacqueline J. Maxwell*

**4-30-03**

**386-2117**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

CR2E037 (10/02)