

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002132

1. Entity Name

FIDDLER'S HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

9551 BAYMEADOWS RD.,STE.4
JACKSONVILLE FL 32256

Mailing Address

9551 BAYMEADOWS RD.,STE.4
JACKSONVILLE FL 32256-7938

2. Principal Place of Business

200 Executive Way

3. Mailing Address

200 Executive Way

Suite, Apt. #, etc.

Suite 111

Suite, Apt. #, etc.

Suite 111

City & State

Ponte Vedra Beach, FL

City & State

Ponte Vedra Beach, FL

4. FEI Number

59-3511881

Applied For

Not Applicable

Zip

32082

Country

Zip

32082

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WALLACE, L. DENISE

9551 BAYMEADOWS RD.,STE.4
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

John T. Ewing

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

200 Executive Way

Suite 111

City

Ponte Vedra

FL

Zip Code

32082

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

John T. Ewing JOHN T. EWING

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/00

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	DP	<input checked="" type="checkbox"/> Delete
NAME	BRAREN, MICHAEL E	
STREET ADDRESS	9551 BAYMEADOWS RD.,STE.4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DVPT	<input checked="" type="checkbox"/> Delete
NAME	WALLACE, L DENISE	
STREET ADDRESS	9551 BAYMEADOWS RD.,STE.4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	FREDENHAGEN, SHARON W	
STREET ADDRESS	9551 BAYMEADOWS RD.,STE.4	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Braden	
STREET ADDRESS	3173 La Reserve Dr.	
CITY-ST-ZIP	Ponte Vedra, FL 32082	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Wiggins	
STREET ADDRESS	3145 La Reserve Dr.	
CITY-ST-ZIP	Ponte Vedra, FL 32082	
TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Doug Lewis	
STREET ADDRESS	3241 Fiddlers Hammock Ln.	
CITY-ST-ZIP	Ponte Vedra, FL 32082	
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		
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:

John T. Ewing JOHN T. EWING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90399 035 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)