## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 25, 2001 8:00 am Secretary of State FILED DOCUMENT # N98000002132 1. Entity Name FIDDLER'S HAMMOCK HOMEOWNERS ASSOCIATION, INC. 04-25-2001 90074 049 \*\*\*\*61.25 Principal Place of Business Mailing Address 200 EXECUTIVE WAY 200 EXECUTIVE WAY **STE 111** PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address P.O. BOX Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3511881 PONTE VEARA FL Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32004 VS 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) EWING, JOHN T 200 EXECUTIVE WAY STE 111 Zip Code PONTE VEDRA BEACH FL 32082 FL 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: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE ☐ Change ☐ Addition ANN BARRON 3224 FINDLERS HAMMOCK LANE NAME BRADEN, MICHELLE NAME STREET ADDRESS 3173 LA RESERVE DR STREET ADDRESS POHTE VEDRA, FL 32082 CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 TITLE ٧D ☐ Delete 510 Change WIGGINS, MICHELLE MARK JOPPRU NAME NAME 3021 FIDALERS HAMMUCK LANE STREET ADDRESS 3145 LA RESERVE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 PONTE VEDRA, FL 3 2082 0 TITLE STD Delete TITLE Change Addition LEWIS, DOUG NAME NAME 10HM EWING 9656 OFFR RUN DRIVE STREET ADDRESS 3241 FIDDLERS HAMMOCK LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 PONTE VEDRAJEL 32082 ☐ Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

MATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR