

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005500

1. Entity Name

WOODLAND ACRES NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7634 FREE AVE  
JACKSONVILLE FL 32211

7634 FREE AVE  
JACKSONVILLE FL 32211

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

59-3537313

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

AKINS, TERRY  
8222 HARE AVENUE  
JACKSONVILLE FL 32211

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 AKINS, TERRY  
STREET ADDRESS 8222 HARE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

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

TITLE VPD  
NAME ELLER, MARK  
STREET ADDRESS 7634 FREE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32211 ☒ Delete

TITLE TD  
NAME Eller, Carol  
STREET ADDRESS 7634 Free Ave  
CITY-ST-ZIP Jacksonville, FL 32211 ☒ Change ☐ Addition

TITLE TD  
NAME FLYNN, JAMES  
STREET ADDRESS 9124 FREE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

TITLE D  
NAME Flynn, James  
STREET ADDRESS 9124 Free Ave  
CITY-ST-ZIP Jacksonville, FL 32211 ☒ Change ☐ Addition

TITLE D  
NAME WILLIAMS, BENNEY D  
STREET ADDRESS 8214 HARE AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

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

TITLE D  
NAME VASILKO, MIKE  
STREET ADDRESS 8216 BERRY AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ Delete

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

TITLE SD  
NAME Jones, Leita  
STREET ADDRESS 500 Acme St. # 202  
CITY-ST-ZIP Jacksonville, FL 32211 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ 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 Required*

1-8-02

724-0455

CR2E037 (9/01)

FILED  
Jan 16, 2002 8:00 am  
Secretary of State

01-16-2002 90265 025 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE