

2002 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Jun 18, 2002 8:00 am
Secretary of State

04-18-2002 90492 018 ****61.25

DOCUMENT # N99000003904

1. Entity Name

BODDENS BLUFF HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10784 BODDENS ROAD
JACKSONVILLE FL 32219

10784 BODDENS ROAD
JACKSONVILLE FL 32219

2. Principal Place of Business

10657 BODDENS RD.

3. Mailing Address

10657 BODDENS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32219

Country

DUVAL

Zip

32219

Country

DUVAL

4. FEI Number

59-3586250

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

URCH, WAYNE A
10786 BODDENS ROAD
JACKSONVILLE FL 32219

7. Name and Address of New Registered Agent

Name **RICHARD REEVES**

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

10807 BODDENS RD.

City **JACKSONVILLE**

FL

Zip Code

32219

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

RICHARD REEVES, PRESIDENT

2/28/02

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

(NOTE: Registered Agent signature required when reappointing)

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 ☐ Delete

NAME **D**
STREET ADDRESS **TURNER, DEBBIE**
CITY-ST-ZIP **10783 BODDENS ROAD**
JACKSONVILLE FL 32219

TITLE ☐ Delete

NAME **D**
STREET ADDRESS **COUSAN, LARRY**
CITY-ST-ZIP **10789 BODDENS ROAD**
JACKSONVILLE FL 32219

TITLE ☐ Delete

NAME **D**
STREET ADDRESS **MCLEAN, SHARON**
CITY-ST-ZIP **10748 BODDENS ROAD**
JACKSONVILLE FL 32219

TITLE ☒ Delete

NAME **PRESIDENT**
STREET ADDRESS **WAYNE URCH**
CITY-ST-ZIP **10766 BODDENS RD.**
JACKSONVILLE, FL, 32219

TITLE ☒ Delete

NAME **TREASURER**
STREET ADDRESS **PATRICIA URCH**
CITY-ST-ZIP **10784 BODDENS RD.**
JACKSONVILLE, FL, 32219

TITLE ☒ Delete

NAME **VICE PRESIDENT**
STREET ADDRESS **RICHARD REEVES**
CITY-ST-ZIP **10807 BODDENS RD**
JACKSONVILLE, FL, 32219

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition

NAME **PRESIDENT**
STREET ADDRESS **RICHARD REEVES**
CITY-ST-ZIP **10807 BODDENS RD**
JACKSONVILLE, FL, 32219

TITLE ☒ Change ☐ Addition

NAME **VICE PRESIDENT**
STREET ADDRESS **FRANK BYRNE**
CITY-ST-ZIP **10657 BODDENS RD**
JACKSONVILLE, FL, 32219

TITLE ☒ Change ☐ Addition

NAME **TREASURER**
STREET ADDRESS **KATHLEEN E. BYRNE**
CITY-ST-ZIP **10657 BODDENS RD**
JACKSONVILLE, FL, 32219

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Kathleen E. Byrne**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02

Date

Daytime Phone #

CR2E037 (9/01)