

2002 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 25, 2002 8:00 am
Secretary of State

02-15-2002 90008 040 ****61.25
03-25-2002 90196 033 ****8.75

DOCUMENT # N99000004916

1. Entity Name

**NORTH DEERWOOD ESTATES HOMEOWNERS ASSOCIATION, I
NC.**

Principal Place of Business

10650 HAVERFORD ROAD #4
JACKSONVILLE FL 32218

Mailing Address

10650 HAVERFORD ROAD #4
JACKSONVILLE FL 32218

2. Principal Place of Business

~~14838~~ American Dream Dr

Suite, Apt. #, etc.

45260

City & State

Callahan, FL

Zip

32011

Country
USA

3. Mailing Address

~~14838~~ American Dream Dr

Suite, Apt. #, etc.

45260

City & State

Callahan, FL

Zip

32011

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3658123

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DRURY, MARK A
10650 HAVERFORD ROAD #4
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name Kim R. Frketic

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

~~14838~~ American Dream Drive
45260

City Callahan, FL

FL

Zip Code
32011

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 Kim R. Frketic

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

(NOTE: Registered Agent signature required when reinstating)

1/29/02
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 DRURY, MARK A
STREET ADDRESS 10650 HAVERFORD ROAD #4
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☒ Delete
NAME MILLER, KIM
STREET ADDRESS 10650 HAVERFORD ROAD #4
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☒ Delete
NAME PRINCE, RUTH
STREET ADDRESS 10650 HAVERFORD ROAD #4
CITY-ST-ZIP JACKSONVILLE FL 32218

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME Kim Frketic
STREET ADDRESS 14838 American Dream Dr.
CITY-ST-ZIP Callahan, FL. 32011

TITLE ☒ Change ☐ Addition
NAME Leslie Reed
STREET ADDRESS 45176 American Dream Dr.
CITY-ST-ZIP Callahan, FL. 32011

TITLE ☒ Change ☐ Addition
NAME Lawrence Thon
STREET ADDRESS 45346 American Dream Drive
CITY-ST-ZIP Callahan, FL. 32011

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: Kim R. Frketic

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 (904) 819 9202
Date Daytime Phone #

CR2E037 (9/01)