

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005693

\$61.25

1. Entity Name

WESTIN-DUVAL HOMEOWNERS ASSOCIATION, INC.

FILED

Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90054 033 ****61.25

Principal Place of Business

Mailing Address

320 EAST ADAMS ST.
JACKSONVILLE FL 32202

320 EAST ADAMS ST.
JACKSONVILLE FL 32202

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

59-3538217

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

DAWSON, CARL D JR.
320 EAST ADAMS ST.
JACKSONVILLE FL 32202

Name

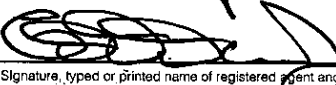
Street Address (P.O. Box Number is Not Acceptable)

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  CARL D DAWSON JR
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1 10 2001

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 NAME STREET ADDRESS CITY - ST - ZIP	PSTD DAWSON, CARL D JR. 320 EAST ADAMS ST. JACKSONVILLE FL 32202	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BENNETT, SUSAN 320 EAST ADAMS ST. JACKSONVILLE FL 32202	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOWELL, WILLIAM R II P.O. BOX 60, ORTEGA STATION JACKSONVILLE FL 32210	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 31 01 99 355 9809

CR2E037 (10/00)