NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 17 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000006825

1. Entity Name
Morningwood Homeowners Assn., Inc

DO NOT WRITE IN THIS SPACE

900005678379--9
-06/04/02--01087--012
****358.75 ****358.75
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1177 Park Avenue	Same
Suite, Apt. #, etc.: Ste 5 #196	Suite, Apt. #, etc.: Same
City & State: Orange Park	City & State: Florida
Zip: 32073 Country: USA	Zip: Same Country: Same

4. FEI Number: 01-0667062 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Jane Allen Hall

Street Address (P.O. Box Number is Not Acceptable): 1839 Harbor Island Drive

City: Orange Park FL Zip Code: 32003

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: Jane Allen Hall 4-22-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

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: T NAME: Registered agent for Builder STREET ADDRESS: Jane Allen Hall CITY-ST-ZIP: 1839 Harbor Island Drive Orange Park, FL 32003	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: T Kathy Shipley STREET ADDRESS: 9456 Phillips Hwy, Ste 1 CITY-ST-ZIP: Jacksonville, FL 32256	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: T Rob Bright STREET ADDRESS: 9456 Phillips Hwy, Ste 1 CITY-ST-ZIP: Jacksonville, FL 32256	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: **DO NOT WRITE**
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Jane Allen Hall agent for builder 4-22-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #