

DOCUMENT # P98000046501

1. Entity Name

TRUXELL HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

135 RIO VISTA DRIVE  
SOPCHOPPY FL 32358

135 RIO VISTA DRIVE  
SOPCHOPPY FL 32358-1789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

TRUXELL, CLYDE W III  
135 RIO VISTA DRIVE  
SOPCHOPPY FL 32358

Name

Street Address (

City

8. The above named entity submits this statement for the purpose of changing its registered office or register

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of Sta

11. OFFICERS AND DIRECTORS

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P  
TRUXELL, CLYDE W III  
135 RIO VISTA DRIVE  
SOPCHOPPY FL 32358

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 60 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

03-20-2000 90025 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3526120</b>	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	
TRUXELL, CLYDE W III 135 RIO VISTA DRIVE SOPCHOPPY FL 32358	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (See criteria on back)</p>	<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After MAY 1, 2000 Fee will be \$550.00</b>  <b>Make Check Payable to Department of State</b></p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/></p>	<p><b>\$5.00</b> May Be Added to Fees</p>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <b>P TRUXELL, CLYDE W III</b> <b>135 RIO VISTA DRIVE</b> <b>SOPCHOPPY FL 32358</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered persons.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone :

Daytime Phone # 780-897-4545

CR2E034 (9/99)