

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90215 027 ***150.00

DOCUMENT # P98000046501

1. Entity Name
TRUXELL HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
135 RIO VISTA DRIVE
SOPCHOPPY FL 32358

Mailing Address
135 RIO VISTA DRIVE
SOPCHOPPY FL 32358



2. Principal Place of Business

209 G.O. Willis Rd
Suite, Apt. #, etc.

3. Mailing Address

PO Box 1057
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Sopchoppy FL

Country

USA

City & State

Panacea FL

Country

USA

4. FEI Number 59-3526120

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
Tim Williamson
Street Address (P.O. Box Number is Not Acceptable)
209 G.O. Willis Rd
City
Sopchoppy FL
Zip Code
32358

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Tim Williamson

4/18/03

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

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 ☐ **Delete**

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ **Delete**

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CITY - ST - ZIP ☐ **Delete**

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STREET ADDRESS
CITY - ST - ZIP ☐ **Delete**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ **Delete**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P Tim Williamson
209 G.O. Willis Rd
Sopchoppy FL 32358 ☒ **Change** ☐ **Addition**

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

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

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CITY - ST - ZIP ☐ **Change** ☐ **Addition**

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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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Tim Williamson 4/18/03 850-962-5228

Date

Daytime Phone #

CR2E034 (10/02)