

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-28-2003 90217 024 ****61.25

DOCUMENT # N00000003978

1. Entity Name

JOHNS LANDING HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**2180 WEST SR. 434
SUITE 5000
LONGWOOD FL 32779-5044**

Mailing Address

**2180 WEST SR. 434
SUITE 5000
LONGWOOD FL 32779-5044**

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 **59-3694501**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HART, JAMES W JR
2180 WEST ST 434, STE 5000
LONGWOOD FL 32779**

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

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
NAME **SHEPARD, CLIFFORD B III**
STREET ADDRESS **3956 TOWN CENTER BLVD, PMB 120**
CITY-ST-ZIP **ORLANDO FL 32837**

TITLE **221 NORTHEAST IVANHOE BLVD.** Change Addition
NAME **SUITE 205**
STREET ADDRESS **ORLANDO, FL 32804**
CITY-ST-ZIP

TITLE **TD** Delete
NAME **CZAPKA, THAD**
STREET ADDRESS **953 WESSON DRIVE**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **T/S/D** Change Addition
NAME **CZAPKA, THAD**
STREET ADDRESS **4446 CURRY FORD ROAD**
CITY-ST-ZIP **ORLANDO, FL 32812**

TITLE **VPD** Delete
NAME **BARBER, R**
STREET ADDRESS **453 WESSON DRIVE**
CITY-ST-ZIP **CASSELBERRY FL 32707**

TITLE **D** Change Addition
NAME **BARBER, RICK**
STREET ADDRESS **3956 TOWN CENTER BLVD. PMB 120**
CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE REQUIRED

Clifford B Shepard 4-10-5 107-99-9389

CR2E037 (10/02)