

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90035 016 \*\*\*\*61.25

0004077

**DOCUMENT # N01000003622**

1. Entity Name

**ARNOLD RIDGE HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business <b>2120 CORPORATE SQUARE BOULEVARD SUITE 3 JACKSONVILLE FL 32216</b>	Mailing Address <b>2120 CORPORATE SQUARE BOULEVARD SUITE 3 JACKSONVILLE FL 32216</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>59-3744777</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**SEMANIK, JOHN A**  
**2120 CORPORATE SQUARE BOULEVARD**  
**SUITE 3**  
**JACKSONVILLE FL 32216**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SEMANIK, JOHN A</b> <b>2120 CORPORATE SQUARE BOULEVARD #3</b> <b>JACKSONVILLE FL 32216</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>SEMANIK, ARNOLD J</b> <b>2120 CORPORATE SQUARE BOULEVARD #3</b> <b>JACKSONVILLE FL 32216</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>CARPENTER, KATHERINE S</b> <b>2120 CORPORATE SQUARE BOULEVARD #3</b> <b>JACKSONVILLE FL 32216</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED **4/1/02** **1**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)