

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 03, 2002 8:00 am**  
**Secretary of State**

09-03-2002 90164 015 \*\*\*\*61.25

**DOCUMENT # N01000007242**

1. Entity Name

**PAGE HILL OWNERS ASSOCIATION, INC.**

Principal Place of Business

6810 ST. AUGUSTINE RD.  
 JACKSONVILLE FL 32217

Mailing Address

6810 ST. AUGUSTINE RD.  
 JACKSONVILLE FL 32217

2. Principal Place of Business

2215 EAST SR 200

Suite, Apt. #, etc.

3. Mailing Address

P O BOX 1987

Suite, Apt. #, etc.

City & State

YULEE FL 32097

City & State

YULEE FL

4. FEI Number

59-3561104

Applied For

Not Applicable

Zip  
 32097

Country  
 US

Zip  
 32041-1987

Country  
 US

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ALMAND, ALAN B**  
 6810 ST. AUGUSTINE RD.  
 JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name **TERRELL J. POWELL**  
 Street Address (P.O. Box Number is Not Acceptable)  
 2215 EAST SR 200  
 City **YULEE** **FL** Zip Code **32097**

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

*Terrell J. Powell*

*Terrell J. Powell*

8-27-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,**  
**min. will be \$236.25.**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D STEWART, CARL</b>
STREET ADDRESS	1050 RIVERSIDE AVE
CITY-ST-ZIP	JACKSONVILLE FL 32204
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D ROSENBLUM, STEVEN M.</b>
STREET ADDRESS	1050 RIVERSIDE AVE
CITY-ST-ZIP	JACKSONVILLE FL 32204
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D COLLEDGE, SHEP</b>
STREET ADDRESS	2575 COUNTY RD 220 STE 107
CITY-ST-ZIP	DOCTORS INLET FL 32068
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **CARD STEWART** SIGNATURE REQUIRED

8/21/02 904-225-9070

CR2E037 (4/02)