

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

**FILED**  
**Aug 22, 2003 8:00 am**  
**Secretary of State**

0001597

DOCUMENT # **N24077**

1. Entity Name  
**FLEMINGBROOK OWNERS ASSOCIATION, INC.**



08-22-2003 90108 002 \*\*\*\*61.25

Principal Place of Business  
**6028 CHESTER AVE  
SUITE 202  
JACKSONVILLE, FL 32217  
US**

Mailing Address  
**P O BOX 57911  
JACKSONVILLE FL 32241  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2880300**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**PENN, PATRIC R  
6028 CHESTER AVE  
SUITE 202  
JACKSONVILLE FL 32217**

*JANE ALLEN HALL  
1008 PARK AVE  
ORANGE PARK, FL  
32073*

7. Name and Address of New Registered Agent

Name *JANE ALLEN HALL*

Street Address (P.O. Box Number is Not Acceptable)  
*1008 Park Avenue*

City *Orange Park* State **FL** Zip Code *32073*

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 *Jane Allen Hall, Registered Agent* DATE *8-1-03*

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**  
**After September 10, 2003, min will be \$236.25**

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

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BARKER, KRISTY</b>	
STREET ADDRESS	<b>433 BAYBROOK DRIVE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUSSELL, WILLIAM</b>	
STREET ADDRESS	<b>628 COZY BROOK LN</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NORWOOD, LEN</b>	
STREET ADDRESS	<b>471 BAYBROOK DR</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32003</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VANDERBEEK, EUGENE</b>	
STREET ADDRESS	<b>5509 BLOOMWOOD COURT</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MAHAN, MICHAEL</b>	
STREET ADDRESS	<b>580 COZYBROOK LANE</b>	
CITY-ST-ZIP	<b>ORANGE PARK FL 32003</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NORWOOD, LEN</b>	
STREET ADDRESS		
CITY-ST-ZIP		
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: *William A. Russell* DATE: *8/12/03* TIME: *908-278-2621*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (4/03)