

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

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

04-28-2003 91520 017 \*\*\*\*61.25

DOCUMENT # N34288

i. Entity Name

**JAK FOREST UNIT EIGHT HOMEOWNERS' ASSOCIATION, I  
NC.**



Principal Place of Business

2180 W. STATE RD. 434, SUITE 5000  
LONGWOOD FL 32779

Mailing Address

2180 W. STATE RD. 434, SUITE 5000  
LONGWOOD FL 32779

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 **59-2984818**

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

**HART JR., JAMES W.  
SENTRY MANAGEMENT INC  
LONGWOOD FL 32779**

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. 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

TITLE	<b>D</b>	Delete
NAME	<b>BURK, RON</b>	
STREET ADDRESS	<b>1138 TROTWOOD BLVD</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>PD</b>	Delete
NAME	<b>CARROLL, MARK</b>	
STREET ADDRESS	<b>1110 O'DAY DR</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>D</b>	Delete
NAME	<b>STREVER, TIMOTHY</b>	
STREET ADDRESS	<b>1136 TROTWOOD BLVD.</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>STD</b>	Delete
NAME	<b>FRILOUX, RANDALL</b>	
STREET ADDRESS	<b>1124 O'DAY DR</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE	<b>D</b>	Delete
NAME	<b>MATTA, MAHA</b>	
STREET ADDRESS	<b>1114 SEAFARER LANE</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS FL 32708</b>	
TITLE		Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>SD</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VD</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	<b>TED ZEIHNER</b>	
STREET ADDRESS	<b>1107 TROTWOOD BLVD.</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>	
TITLE	<b>PD</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	<b>MARK CARLSON</b>	
STREET ADDRESS	<b>1143 TROTWOOD BLVD.</b>	
CITY-ST-ZIP	<b>WINTER SPRINGS, FL 32708</b>	
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: *Timothy J. Strever* **Timothy J. Strever** 3-25-03 407-695-2008