

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90022 011 ****61.25

DOCUMENT # N35972
 1. Entity Name
ST. JOHNS RIVER PARK PROPERTY OWNERS ASSOCIATION

Principal Place of Business Mailing Address
 P. O. BOX 1044 P. O. BOX 1044
 OSTEEN FL 32764-8059 OSTEEN FL 32764-1044
 US US



DO NOT WRITE IN THIS SPACE

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 Applied For
59-2355292 Not Applicable

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

6. Name and Address of Current Registered Agent

BURKE, LISA
350 SMITH RD
OSTEEN FL 32764

7. Name and Address of New Registered Agent

Name **BURKE, John**

Street Address (P.O. Box Number is Not Acceptable)
350 Smith Rd.

City **OSTEEN** FL Zip Code **32764**

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 *John J. Burke* **John Burke, President** **4-10-00**
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 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BURKE, LISA	
STREET ADDRESS	350 SMITH RD	
CITY-ST-ZIP	OSTEEN FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BLOUNT, JUDY	
STREET ADDRESS	P. O. BOX 1044 N/A	
CITY-ST-ZIP	OSTEEN FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MIGLIORETTO, DICK	
STREET ADDRESS	3312 GULFSTREAM RD	
CITY-ST-ZIP	ORLANDO FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKE, John	
STREET ADDRESS	350 Smith Rd.	
CITY-ST-ZIP	OSTEEN, FL. 32764	
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		<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: *Judy Blount* **JUDY BLOUNT** **4/10/00** **407-3230319**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)