

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90353 032 ****61.25

DOCUMENT # N94000003752

1. Entity Name

SAN JOSE FOREST ASSOCIATION OF HOMEOWNERS, INC.

Principal Place of Business

Mailing Address

1599 SAN LUCIE CTO
 ST AUGUSTINE FL 32080
 US

1599 SAN LUCIE CTO
 ST AUGUSTINE FL 32080
 US

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

59-3266371

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GHUNEIM, E.
1170 SAN JOSE FOREST DR
ST. AUGUSTINE FL ~~32084~~ 32080

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 _____
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	VOLZ, DARRELL	
STREET ADDRESS	1599 SAN LUCIE CT	
CITY-ST-ZIP	ST AUGUSTINE FL 32080	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BODMAN, JIM	
STREET ADDRESS	1595 SAN CARLOS ST	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	
TITLE	S	<input type="checkbox"/> Delete
NAME	VOLZ, JEAN	
STREET ADDRESS	1599 SAN LUCIE COURT	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GHUNEIM, ELIAS	
STREET ADDRESS	1170 SAN JOSE FOREST DR	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLZ, DARRELL	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORICKI, PAUL	
STREET ADDRESS	1608 SANTAMARIE CT.	
CITY-ST-ZIP	ST. AUGUSTINE, FL. 32080	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32080	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	32080	
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: **Darrell Volz** **DARRELL VOLZ** **2-20-02** **904-471-6171**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)