

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90257 006 ****61.25

0095240

DOCUMENT # N96000004414

1. Entity Name

JAMES ISLAND HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**1389 SOUTH WATERVIEW DRIVE
INVERNESS FL 34450**

Mailing Address

**1389 SOUTH WATERVIEW DRIVE
INVERNESS FL 34450**

2. Principal Place of Business

1389 S. Waterview Drive
Suite, Apt. #, etc.

3. Mailing Address

1389 S. Waterview Dr.
Suite, Apt. #, etc.
P.O. Box 1042

City & State

INVERNESS, FL.

City & State

INVERNESS, FL.

Zip

34450

Country

CITRUS

Zip

34450

Country

CITRUS

4. FEI Number **59-3427577**

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

FREDRICK, DEBRA
1389 SOUTH WATERVIEW DRIVE
INVERNESS FL 34450

7. Name and Address of New Registered Agent

Name
Oswald, Sue T.
Street Address (P.O. Box Number is Not Acceptable)
1389 S. WATERVIEW DR.
City
INVERNESS, FL Zip Code
34450

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 **Sue T. Oswald**

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

Sue T. Oswald

(NOTE: Registered Agent signature required when reinstating)

4/28/03

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	VD	<input type="checkbox"/> Delete
NAME	OSWALD, H W	
STREET ADDRESS	1380 SOUTH WATERVIEW DRIVE	
CITY-ST-ZIP	INVERNESS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRICE, NANCY	
STREET ADDRESS	1400 S WATERVIEW DR	
CITY-ST-ZIP	INVERNESS FL 34450	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FREDRICK, BRYAN	
STREET ADDRESS	1389 SOUTH WATERVIEW DRIVE	
CITY-ST-ZIP	INVERNESS FL	
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	H. WAYNE OSWALD	
STREET ADDRESS	1380 S. WATERVIEW DR.	
CITY-ST-ZIP	INVERNESS, FL. 34450	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER THIBEDEAU	
STREET ADDRESS	1405 S. WATERVIEW DR.	
CITY-ST-ZIP	INVERNESS, FL. 34450	
TITLE	TS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUE T. OSWALD	
STREET ADDRESS	1380 S. WATERVIEW DR.	
CITY-ST-ZIP	INVERNESS, FL. 34450	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	(Bob) ROBERT F. MARA	
STREET ADDRESS	1365 S. WATERVIEW DR.	
CITY-ST-ZIP	INVERNESS, FL. 34450	
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: **Sue T. Oswald** **4/28/03** **352-637-1470**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)