

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 06, 2000 8:00 am
Secretary of State

05-16-2000 90020 028 ****61.25

DOCUMENT # N98000006782
 1. Entity Name
JAMES ISLAND HOA of JAY, INC

Principal Place of Business Mailing Address
10036 SAWGRASS DR
PONTE VEDRA BCH, FL
32082

2. Principal Place of Business 3. Mailing Address
10036 SAWGRASS DR P.O. Box 1509
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE #1

City & State City & State
PONTE VEDRA BCH, FL ST AUGUSTINE FL
 Zip Country Zip Country
32082 USA 32085 USA

4. FEI Number Applied For
59-3546708 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAXWELL R MONTGOMERY

7. Name and Address of New Registered Agent
 Name ANNA MARKS
 Street Address (P.O. Box Number is Not Acceptable)
10036 SAWGRASS DR
SUITE 1
 City ST AUGUSTINE FL Zip Code 32082

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 Michael Cronley Anna Marks 4-3-00
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reappointing) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)
FILE NOW!!! FEE IS: \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE <input checked="" type="radio"/>	<u>PRES</u>	<input type="checkbox"/> Delete
NAME	<u>MORGAN BROWN</u>	
STREET ADDRESS	<u>399S HUNT CLUB RD</u>	
CITY-ST-ZIP	<u>JACKSONVILLE, FL 32224</u>	
TITLE <input checked="" type="radio"/>	<u>VPRES</u>	<input type="checkbox"/> Delete
NAME	<u>DOUG MAIER</u>	
STREET ADDRESS	<u>399S HUNT CLUB RD</u>	
CITY-ST-ZIP	<u>JACKSONVILLE, FL 32224</u>	
TITLE <input checked="" type="radio"/>	<u>DIR</u>	<input type="checkbox"/> Delete
NAME	<u>MAURICE RUDOLPH</u>	
STREET ADDRESS	<u>9440 PHILLIPSHWY, #9</u>	
CITY-ST-ZIP	<u>JACKSONVILLE, FL 32256</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.
 SIGNATURE: Maurice Rudolph MAURICE RUDOLPH 4/26/00 461-9708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)