

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90354 027 ****61.25

DOCUMENT # N98000006782

1. Entity Name

JAMES ISLAND HOMEOWNERS ASSOCIATION OF JACKSONVI

Principal Place of Business

10036 SAWGRASS DR
 STE 1
 PONTE VEDRA BEACH FL 32082

Mailing Address

PO BOX 1509
 ST AUGUSTINE FL 32085

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3546708

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

MARKS, ANNA
 10036 SAWGRASS DR
 STE 1
 PONTE VEDRA BEACH FL 32082

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.

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	AMBACH, MARK	
STREET ADDRESS	3995 HUNT CLUB RD. 224 St. Johns Gulf Dr	
CITY-ST-ZIP	JACKSONVILLE FL 32224 St. Augustine, FL 32092	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	MAIER, DOUGLAS	
STREET ADDRESS	3995 HUNT CLUB RD. 224 St. Johns Gulf Dr.	
CITY-ST-ZIP	JACKSONVILLE FL 32224 St. Augustine, FL 32092	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	GANDY, CLIFF	
STREET ADDRESS	9440 PHILLIPS HWY., STE. 9	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, MORGAN	
STREET ADDRESS	3995 HUNT CLUB RD. 224 St. Johns Gulf Dr	
CITY-ST-ZIP	JACKSONVILLE FL 32224 St. Augustine, FL 32092	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUDOLPH, MAURICE	
STREET ADDRESS	3995 HUNT CLUB RD. 224 St. Johns Gulf Dr	
CITY-ST-ZIP	JACKSONVILLE FL 32224 St. Augustine, FL 32092	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS		
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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: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/20/01 Daytime Phone #

CR2E037 (10/00)