


**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90095 034 \*\*\*\*61.25

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

**DOCUMENT # N98000006782**

1. Entity Name  
**JAMES ISLAND HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.**



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  
**10036 SAWGRASS DR**  
 Suite, Apt. #, etc.  
**STE 1**  
 City & State  
**Ponte Vedra Beach**  
 Zip Country  
**32082 ST JOHNS**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**MARKS, ANNA**  
**10036 SAWGRASS DR**  
**STE 1**  
**PONTE VEDRA BEACH, FL 32082**

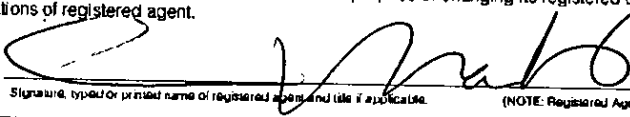
4. FEI Number  
**59-3546708**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Numbers 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE **3/11/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

**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**

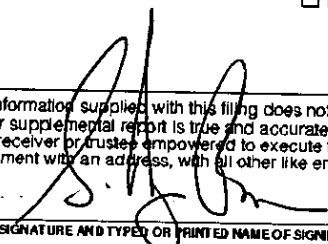
10. OFFICERS AND DIRECTORS

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br>MAIER, DOUGLAS<br>224 ST. JOHNS GULF DR.<br>SAINT AUGUSTINE, FL 32092 | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BROWN, MORGAN<br>224 ST. JOHNS GULF DR<br>SAINT AUGUSTINE, FL 32092    | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>RUDOLPH, MAURICE<br>9440 PHILLIPS HIGHWAY<br>JACKSONVILLE, FL 32256     | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S, D<br>Ann Tiefenthaler<br>7763 Burnt Oak Trail<br>Jacksonville FL 32256 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **3/11/03** DAYTIME PHONE # **(904) 461-9708**

CRE037 (10/02)