

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**  
 04-30-2001 90337 001 \*\*\*\*61.25

**DOCUMENT # N99000005016**

1. Entity Name

**WALKERS GLEN HOMEOWNERS ASSOCIATION OF JACKSONVI**

Principal Place of Business

Mailing Address

C/O KENNETH J. LAPOINTE  
 300 WEST ADAMS ST., STE. 440  
 JACKSONVILLE FL 32202

C/O KENNETH J. LAPOINTE  
 300 WEST ADAMS ST., STE. 440  
 JACKSONVILLE FL 32202

2. Principal Place of Business  
 2215 EAST SR 200

3. Mailing Address  
 P O BOX 1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
 YULEE FL

City & State  
 YULEE FL

4. FEI Number  
**59-3148658**

Applied For  
 Not Applicable

Zip  
 32097

Country  
 US

Zip  
 32041-1987

Country  
 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAPOINTE, KENNETH J  
 300 W. ADAMS ST., STE. 440  
 JACKSONVILLE FL 32202

Name  
**TERRELL J. POWELL**  
 Street Address (P.O. Box Number is Not Acceptable)  
 2215 EAST SR 200  
 City  
 YULEE FL Zip Code  
 32097

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

*Terrell J. Powell*

*Terrell J. Powell*

4.19.01

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 NAME STREET ADDRESS CITY-ST-ZIP	PD LAPOINTE, KENNETH J 300 W. FORSYTH ST., STE. 440 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOWELL, WILLIAM R II 300 W. FORSYTH ST., STE. 440 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD YOUNG, SHIRLEY A 300 W. FORSYTH ST., STE. 440 JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 3154 PONTE VEDRA BEACH FL 32004-3154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 3154 PONTE VEDRA BEACH FL 32004-3154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. BOX 3154 PONTE VEDRA BEACH FL 32004-3154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 another like empowered.

SIGNATURE:

*Bernard J. Roberts*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 (904) 2800120

Date

Daytime Phone #

CR2E037 (10/00)

962937



DO NOT WRITE IN THIS SPACE