

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90138 012 \*\*\*\*61.25

**DOCUMENT # N99000005016**

1. Entity Name

**WALKERS GLEN HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.**

Principal Place of Business

Mailing Address

C/O KENNETH J. LAPOINTE  
 2215 EAST STATE ROAD 200  
 YULEE FL 32097  
 US

C/O KENNETH J. LAPOINTE  
 PO BOX 1987  
 YULEE FL 32041-1987  
 US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3603626

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**POWELL, TERRELL J**  
**2215 EAST STATE ROAD 200**  
**YULEE FL 32097**

Name

Street Address (P.O. Box Number is not acceptable)

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.

Agent 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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	LAPORTE, KENNETH J	
STREET ADDRESS	PO BOX 3154	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32004-3154	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, WILLIAM R II	
STREET ADDRESS	PO BOX 3154	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32004-3154	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	YOUNG, SHIRLEY A	
STREET ADDRESS	PO BOX 3154	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32004-3154	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Shannahan	
STREET ADDRESS	12069 Birdsall Ct.	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Earl Hunsinger	
STREET ADDRESS	2213 Bristol Spring Court	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hiddai Cruz	
STREET ADDRESS	2262 Bristol Spring Ct.	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sherre Jarnutowski	
STREET ADDRESS	2222 Walkers Glen LN	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE	Person AT-WORK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Linda Shilby	
STREET ADDRESS	12191 Irwin Manor Court	
CITY-ST-ZIP	JACKSONVILLE, FL 32246	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2037 (9/01)

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: Sherre Jarnutowski  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 21, 02 (904) 645-3965  
 Date Daytime Phone #