

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

FILED
May 29, 2003 8:00 am
Secretary of State

5/1

05-01-2003 90363 026 ****61.25

DOCUMENT # N99000005016



1. Entity Name
WALKERS GLEN HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.

Principal Place of Business
**C/O KENNETH J. LAPOINTE
2215 EAST STATE ROAD 200
YULEE FL 32097
US**

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

55044373



2. Principal Place of Business
2222 Walkers Glen Lane

3. Mailing Address
**12620-3 Beach Blvd.
#301**

CHECK HERE IF MAKING CHANGES

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32246

Country
United States

Zip
32246

Country
United States

4. FEI Number **59-3148658**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**POWELL; TERRELL J
2215 EAST STATE ROAD 200
YULEE FL 32097**

7. Name and Address of New Registered Agent
Name **Sherrie Jarnutowski**
Street Address (P.O. Box Number is Not Acceptable)
**12620-3 Beach Blvd.
#301**
City **Jacksonville** FL Zip Code **32246**

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 *Sherrie Jarnutowski, President* **4-29-03**
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
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STATE PRESIDENT SHANNAHAN, MARK 12069 BIRDSALL CT JACKSONVILLE FL 32246 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VICE President HUNSINGER, EARL 2213 BRISTOL SPRING COURT JACKSONVILLE FL 32246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRUZ, HIDDAI 2282 BRISTOL SPRINGS CT JACKSONVILLE FL 32246 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JARNIDOWSKI, SHERRE 2222 WALKERS GLEN LANE JACKSONVILLE FL 32246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PATW / Director SHILBY, LINDA 12191 IRWIN MANOR COURT JACKSONVILLE FL 32246 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Perez, Angel 2157 Walnut Creek Ct. N. Jacksonville, FL 32246 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bob KIMMEY/Director 2297 Walkers Glen Lane Jacksonville, FL 32246 <input type="checkbox"/> Change <input checked="" 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	President/Secretary Jarnutowski, Sherrie 2222 Walkers Glen Lane Jacksonville, FL 32246 <input checked="" 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 all other like empowered.

SIGNATURE: *Sherrie Jarnutowski, President* **4-29-03** **904 646-2626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)