

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739026

1. Entity Name

SJC HOME ASSOCIATION, INC.

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90135 002 \*\*\*\*61.25

Principal Place of Business

10470 SPRING HILL DR  
SPRING HILL FL 34608

Mailing Address

10470 SPRING HILL DR  
SPRING HILL FL 34608-5044

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2620289

Applied For

Not Applied

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

Name

MARIO GENOVESE

Street Address (P.O. Box Number is Not Acceptable)

13488 PULLMAN

City

SPRING HILL

FL

Zip Code

34609

TORNIFOGLIO, GENERO  
9529 NORTHCLIFFE BLVD  
SPRING HILL FL 34608

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

*Mario Genovese*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/21/2000

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 ☐ Delete  
NAME P. Genovese  
STREET ADDRESS GENOVESE, MARIO  
CITY-ST-ZIP 13488 PULLMAN  
SPRINGHILL FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME V  
STREET ADDRESS WINEGERTER, WILLIAM  
CITY-ST-ZIP 11208 HOMEWAY  
SPRINGHILL FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME T. SNOHA  
STREET ADDRESS SNOHA, MICHAEL  
CITY-ST-ZIP 5091 PANTHER  
SPRINGHILL FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CARLSON, ARNOLD  
CITY-ST-ZIP 10306 ELGIN  
SPRING HILL FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GUERRERA, JOHN  
CITY-ST-ZIP 1516 DEERING AVENUE  
SPRINGHILL FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME DIOVINE  
STREET ADDRESS IFFAME, JOSEPH  
CITY-ST-ZIP 4424 GASTON ST.  
SPRINGHILL FL

TITLE ☐ Change ☐ 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:

*Michael J. Robinson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2000

Date

Daytime Phone #