

DOCUMENT # 739754

1. Entity Name

ST. JOHNS TERRACE HOMES, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90152 023 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2751 ST. JOHN'S AVENUE
JACKSONVILLE FL 32205

2751 ST. JOHN'S AVENUE
JACKSONVILLE FL 32205-8212

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0637862

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

GLASHEEN, CHARLES
200 LAURA STREET
12TH FLOOR
JACKSONVILLE FL 32202

Name

Street Address (P.O. Box Number is 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.

SIGNATURE

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 PD ☐ Delete
NAME HARDAKER, PAUL MRS
STREET ADDRESS 4289 RAPALLO RAOD
CITY-ST-ZIP JACKSONVILLE, FL 00000 32244

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

TITLE VD ☐ Delete
NAME GLASHEEN, MRS. CHARLES
STREET ADDRESS 4655 APACHE AVE.
CITY-ST-ZIP JACKSONVILLE, FL 00000

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

TITLE V ☐ Delete
NAME DAVIDSON, PAUL MRS.
STREET ADDRESS 4407 ORTEGA FOREST DR
CITY-ST-ZIP JACKSONVILLE FL 32607

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

TITLE V ☐ Delete
NAME TRIMBLE, MRS. JAMES
STREET ADDRESS 4919 ORTEGA FOREST DRIVE
CITY-ST-ZIP JACKSONVILLE, FL 00000

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

TITLE TD ☐ Delete
NAME LOFTIN, CURTIS MRS
STREET ADDRESS 1840 CHALLEN AVE
CITY-ST-ZIP JACKSONVILLE FL 32205

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

TITLE ATD ☐ Delete
NAME WILSON, HARRY MRS
STREET ADDRESS 3830 BETTES CIRCLE
CITY-ST-ZIP JACKSONVILLE FL 32210

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)