

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90083 013 \*\*\*\*61.25

**DOCUMENT # 756849**

1. Entity Name

**JAPANESE GARDENS HOMEOWNERS CORPORATION, INC.**

Principal Place of Business

Mailing Address

JAPANESE GARDENS  
6181 TEAHOUSE RD  
VENICE FL 34293  
US

6181 TEAHOUSE ROAD  
VENICE FL 34293

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2080104**

Applied For

Not Applicable

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

~~BRADY, EDWIN L~~ **CHARLES G. NELSON**  
6181 TEAHOUSE RD  
VENICE FL 33595

Name **CHARLES G. NELSON**

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

**551 ORIENTAL POPPY**

City **VENICE**

**FL**

Zip Code **34293**

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

*Charles G. Nelson*

**PRESIDENT**  
**CHARLES G. NELSON**

**APRIL 5, 2002**

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

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>NEWELL, HERBERT JR</b>	
STREET ADDRESS	<b>841 DELPHINIUM</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, JOHN</b>	
STREET ADDRESS	<b>730 DAHLIA</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>NELSON, CHARLES G</b>	
STREET ADDRESS	<b>551 ORIENTAL POPPY</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAGGERTY, DEAN</b>	
STREET ADDRESS	<b>5690 ORANGE BLOSSOM</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>WOODWARD, KENNETH</b>	
STREET ADDRESS	<b>711 GLORIOSA</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>BRADY, EDWIN L</b>	
STREET ADDRESS	<b>5631 ORANGE BLOSSOM</b>	
CITY-ST-ZIP	<b>VENICE FL 34293</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Charles G. Nelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/02**

Date

**941-493-0033**

Daytime Phone

CR2E037 (9/01)