

2001 UNIFORM BUSINESS REPORT (UBR)

3/1/0

FILED
Apr 25, 2001 8:00 am
Secretary of State

03-01-2001 90051 022 ****61.25

DOCUMENT # N00000001321

1. Entity Name

SHARONWOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P O BOX 6937
JACKSONVILLE FL 32236

Mailing Address

P O BOX 6937
JACKSONVILLE FL 32236

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEE Number
APPLIED FOR

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

**MCARTHUR, WILLIAM A
569 EDGEWOOD AVE SOUTH
JACKSONVILLE FL 32205**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President D
Wm. A. McArthur
569 Edgewood Avenue, South
Jacksonville, FL 32205**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP - Sec./Treas. D
D. W. McArthur, III
569 Edgewood Avenue, South
Jacksonville, FL 32205**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**W. T. GALPIN D
569 EDGEWOOD AVE SOUTH
JACKSONVILLE, FLA 32205**

TITLE
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/01 (904) 388-3561

Date

Daytime Phone #

CR2E037 (10/00)