

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000006036

1. Entity Name

OLD MILL BRANCH HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2955 HARTLEY RD., STE. 108
JACKSONVILLE FL 32257

2955 HARTLEY RD., STE. 108
JACKSONVILLE FL 32257

2. Principal Place of Business

2215 EAST SR 200

Suite, Apt. #, etc.

3. Mailing Address

P O BOX 1987

Suite, Apt. #, etc.

City & State

YULEE FL

City & State

YULEE FL

Zip
32097

Country
US

Zip
32041-1987

Country
US

4. FEI Number

59-3735448

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MATOVINA, GREGORY E
2955 HARTLEY RD., STE. 108
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name

TERRELL J. POWELL

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

2215 EAST SR 200

City

YULEE

FL

Zip Code
32097

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

TITLE	PO	☐ Delete
NAME	MATOVINA, GREGORY E	
STREET ADDRESS	2955 HARTLEY RD., STE. 108	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	SD	☐ Delete
NAME	BORSTEIN, DONALD K	
STREET ADDRESS	2955 HARTLEY RD., STE. 108	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	VTD	☐ Delete
NAME	HOWELL, WILLIAM R II	
STREET ADDRESS	2955 HARTLEY RD., STE. 108	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature: Gregory E. Matovina Pres. 1/10/02 904-225-9070

Date

Daytime Phone #

05-10-2002 90045050 *****00.75
N01 000006036

02 MAY 21 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

358901



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)