

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90547 022 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N01 000008762	
1. Entity Name Shindler Crossing Homeowners Association, Inc.	

30015929

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3108 US Hwy 17 South Suite, Apt. #, etc.	3. Mailing Address 3108 US Hwy 17 South Suite, Apt. #, etc.
City & State Orange Park, FL Zip 32003 Country US	City & State Orange Park, FL Zip 32003 Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0688432	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Yonge, Phillip D.	
	Street Address (P.O. Box Number is Not Acceptable) 3108 US Hwy 17 South	
	City Orange Park	FL Zip Code 32003

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Yonge, Phillip D. 3108 US Hwy 17 S. Orange Park FL 32003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Aramoonie, Emil S. 7203 San Pedro Rd Jacksonville FL 32217	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Murphy, Monty 3108 US Hwy 17 S. Orange Park, FL 32003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address with all other like empowered.

SIGNATURE E.S. Aramoonie E.S. ARAMOONIE 1/16/03 9042645400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)

Attachment

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 19, 2002 8:00 am

DOCUMENT # NO1000008762

30015929

Secretary of State

1. Entity Name

SHINDLER CROSSING HOMEOWNERS ASSOCIATION, INC.

02-25-2002 90056 040 ***150.00

Principal Place of Business

3108 U SHWY 17 SOUTH
ORANGE PARK FL 32003

Mailing Address

3108 U SHWY 17 SOUTH
ORANGE PARK FL 32003

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

01-0688432

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YONGE, PHILLIP D
3108 U SHWY 17 SOUTH
ORANGE PARK FL 32003

7. Name and Address of New Registered Agent

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 releasing)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YONGE, PHILLIP D
3108 U SHWY 17 SOUTH
ORANGE PARK FL 32003

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ARAMOONIE, EMIL
7203 SAN PEDRO ROAD
JACKSONVILLE FL 32217

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MURPHY, MONTY
3108 US HWY 17 S
ORANGE PARK FL 32003

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 holder of a power of attorney 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 authority to be empowered.

SIGNATURE:

29029042640505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2002 (9/01)