

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90048 017 ***158.75

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N08386
1. Entity Name
 SAN JOSE FOREST II HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business **Mailing Address**
 3325 HENDRICKS AVE. 3325 HENDRICKS AVE.
 SUITE A SUITE A
 JACKSONVILLE, FL. 32207 JACKSONVILLE, FL. 32207

2. Principal Place of Business **3. Mailing Address**
 6319 CHRISTOPHER CREEK RD. W. Suite, Apt. #, etc.
 Suite, Apt. #, etc. City & State

City & State **City & State**
 JACKSONVILLE, FL. JACKSONVILLE, FL.

4. FEI Number **Applied For**
 59-2646149 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
Name C. MICHAEL DEPEW
Street Address (P.O. Box Number is Not Acceptable) 6319 CHRISTOPHER CREEK RD. W.
City JACKSONVILLE **FL** **Zip Code** 32217

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.
 C. Michael DePew, Treas.
 SIGNATURE: *C. Michael DePew Treas.* DATE: 4/18/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Burrell, Steve <input checked="" type="checkbox"/> Delete 2852 Wood Valley Ct. Jacksonville, Fl. 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cohen, Ron <input checked="" type="checkbox"/> Delete 2828 Wood Valley Ct. Jacksonville, Fl. 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sayward III, Roland W. <input checked="" type="checkbox"/> Delete 6343 Christopher Creek Rd. W. Jacksonville, Fl. 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Henderson, Geneva <input checked="" type="checkbox"/> Delete 6309 Christopher Creek Rd. W. Jacksonville, Fl. 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Buffone, Gary 2738 Christopher Creek Rd. N. Jacksonville, Fl. 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Buffone, Norma 2738 Christopher Creek Rd. N. Jacksonville, Fl. 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DePew, C. Michael T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6319 Christopher Creek Rd. W. Jacksonville, Fl. 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DePew, Julie 6319 Christopher Creek Rd. W. Jacksonville, Fl. 32217
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *C. Michael DePew Treas.* DATE: 4/18/00 (904) 781-7974

CR2E037 (9/99)