

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90055 007 \*\*\*\*61.25

0053162

**DOCUMENT # N08386**

1. Entity Name

**SAN JOSE FOREST II HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

6319 CHRISTOPHER CREEK RD W  
 JACKSONVILLE FL 32217  
 US

6319 CHRISTOPHER CREEK  
 JACKSONVILLE FL 32217

2. Principal Place of Business

3. Mailing Address

6439 WOOD VALLEY RD

6439 WOOD VALLEY RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

JACKSONVILLE, FLORIDA

JACKSONVILLE, FLORIDA

4. FEI Number

59-2646149

Applied For

Not Applicable

Zip

32217

Country

USA

Zip

32217

Country

USA

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

DEPEW, MICHAEL C  
 6319 CHRISTOPHER CREEK RD W  
 JACKSONVILLE FL 32217

Name

MICHAEL D. HILL

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

6439 WOOD VALLEY RD

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.

SIGNATURE

*Michael D. Hill*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/28/02

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          | PD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | BUFFONE, GARY               |  |
| STREET ADDRESS | 2738 CHRISTOPHER CREEK RD N |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32217       |  |
| TITLE          | VD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | BUFFONE, NORMA              |  |
| STREET ADDRESS | 2738 CHRISTOPHER CREEK RD N |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32217       |  |
| TITLE          | TD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | DEPEW, MICHAEL C            |  |
| STREET ADDRESS | 6319 CHRISTOPHER CREEK RD W |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32217       |  |
| TITLE          | SD                          | <input checked="" type="checkbox"/> Delete |
| NAME           | DEPEW, JULIE                |  |
| STREET ADDRESS | 6319 CHRISTOPHER CREEK RD W |  |
| CITY-ST-ZIP    | JACKSONVILLE FL 32217       |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE          |                             | <input type="checkbox"/> Delete            |
| NAME           |                             |  |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

|                |                               |   |
|----------------|-------------------------------|---|
| TITLE          | PD                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |
| NAME           | RON COHEN                     |   |
| STREET ADDRESS | 2828 WOOD VALLEY CT.          |   |
| CITY-ST-ZIP    | JACKSONVILLE, FLORIDA 32217   |   |
| TITLE          | VD                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | GARY BUFFONE                  |   |
| STREET ADDRESS | 2738 CHRISTOPHER CREEK RD. N. |   |
| CITY-ST-ZIP    | JACKSONVILLE, FLORIDA 32217   |   |
| TITLE          | TD                            | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | MICHAEL D. HILL               |   |
| STREET ADDRESS | 6439 WOOD VALLEY RD.          |   |
| CITY-ST-ZIP    | JACKSONVILLE, FL 32217        |   |
| TITLE          | SD                            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           | NORMA BUFFONE                 |   |
| STREET ADDRESS | 2738 CHRISTOPHER CREEK RD. N. |   |
| CITY-ST-ZIP    | JACKSONVILLE, FLORIDA 32217   |   |
| 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:

*Michael D. Hill*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/02  
 Date

(904) 489-5551  
 Daytime Phone #

CR2E037 (9/01)