


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90093 033 ****61.25

DOCUMENT # N27918 1. Entity Name VILLAGE HOMEOWNERS OF JAX, INC.					
Principal Place of Business JAMES S SPRINGER 10960 BEACH BLVD, #455 JACKSONVILLE FL 32246 US			Mailing Address JAMES S SPRINGER 10960 BEACH BLVD, #455 JACKSONVILLE FL 32246 US		
2. Principal Place of Business 10960 Beach Blvd.		3. Mailing Address 10960 Beach Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Jacksonville, Fl.		City & State Jacksonville, Fl.		4. FEI Number 59-2931619	
Zip 32246		Country Duval		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPRINGER, JAMES S 10960 BEACH BLVD, #455 JACKSONVILLE FL 32246		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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPRINGER, JAMES S 10960 BEACH BLVD, #455 JACKSONVILLE FL 32246 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STARKS, VIRGINIA A 10960 BEACH BLVD #341 JACKSONVILLE FL 32246 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Margaret Lairson 10960 Beach Blvd #363 Jacksonville, Fl. 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES, BO 10960 BEACH BLVD, #275 JACKSONVILLE FL 32246 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TAYLER, MEL 10960 BEACH BLVD, #533 JACKSONVILLE FL 32246 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Frank Mayo 10960 Beach Blvd #411 Jacksonville, Fl. 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GEIGER, Nanci 10960 BEACH BLVD, #7 JACKSONVILLE FL 32246 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Rita Kerner 10960 Beach Blvd #537 Jacksonville, Fl. 32246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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)(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: <u><i>James S. Springer</i></u> <u><i>Mar 17 2003</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					