

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

6/18/

FILED
Jul 03, 2003 8:00 am
Secretary of State

06-18-2003 90020 014 ****61.25

DOCUMENT # N27918

1. Entity Name

VILLAGE HOMEOWNERS OF JAX, INC.



Principal Place of Business

~~CATHY DEKLE~~ James S. Springer
10960 BEACH BLVD. #389 455
JACKSONVILLE FL 32246
US

Mailing Address

~~CATHY DEKLE~~ James S. Springer
10960 BEACH BLVD. #389 455
JACKSONVILLE FL 32246
US

55050412

2. Principal Place of Business

10960 Beach Blvd.

3. Mailing Address

10960 Beach Blvd.,

Suite, Apt. #, etc.

Lot 455

Suite, Apt. #, etc.

Lot 455

☒ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville, FL 32246

City & State

Jacksonville, FL 32246

4. FEI Number 59-2931619

Applied For

Not Applicable

Zip 32246

Country DUVAL

Zip 32246

Country DUVAL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DEKLE, CATHY~~ DEKLE, CATHY
10960 BEACH BLVD. #389
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name

James S. Springer

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

10960 Beach Blvd., # 455

City

JACKSONVILLE

FL

Zip Code 32246

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

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

James S. Springer

(NOTE: Registered Agent signature required when reinstating)

DATE

Jun 25-2003

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ~~KEHN, RAY~~
STREET ADDRESS 10960 BEACH BLVD, #488
CITY-ST-ZIP JACKSONVILLE FL 32246 ☒ Delete

TITLE SD
NAME ~~WILLIAMS, DAWN~~
STREET ADDRESS 10960 BEACH BLVD, #338
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Delete

TITLE VPD
NAME JONES, BO
STREET ADDRESS 10960 BEACH BLVD, #275
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Delete

TITLE VPD
NAME ~~CAGGELL, BILL~~
STREET ADDRESS 10980 BEACH BLVD, #504
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Delete

TITLE TD
NAME ~~DEKLE, CATHY~~
STREET ADDRESS 10980 BEACH BLVD, #389
CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SPRINGER, JAMES S.
STREET ADDRESS 10960 Beach Blvd. #455
CITY-ST-ZIP JACKSONVILLE, FL 32246 ☒ Change ☐ Addition

TITLE SD
NAME Virginia A. Starks
STREET ADDRESS 10960 Beach Blvd., #341
CITY-ST-ZIP JACKSONVILLE FL 32246 ☒ Change ☐ Addition

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

TITLE VPD
NAME TAYLER, Mel
STREET ADDRESS 10960 Beach Blvd., #533
CITY-ST-ZIP JACKSONVILLE FL 32246 ☒ Change ☐ Addition

TITLE TD
NAME GEIGER, Nanci
STREET ADDRESS 10960 Beach Blvd., # 7
CITY-ST-ZIP JACKSONVILLE FL 32246 ☒ 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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James S. Springer

904-642-1727

Daytime Phone #

CP2E037 (10/02)