

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90324 030 ****61.25

DOCUMENT # N28711

1. Entity Name

PACE ISLAND OWNERS ASSOCIATION, INC.



Principal Place of Business

**1545 ROYAL FERN LANE
ORANGE PARK FL 32068**

Mailing Address

**1545 ROYAL FERN LANE
ORANGE PARK FL 32068 32003**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32003

32003

4. FEI Number **59-2927306**

Applied For

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

**POWELL, TERRELL J.
2215 E STATE ROAD 200
YULEE FL 32097**

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

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **HOWARD, REECE H**
STREET ADDRESS **1859 ROYAL FERN LN**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **VD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **FARHAT, DIANA**
STREET ADDRESS **1481 RUSH LN**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **BOB KAISER**
STREET ADDRESS **1810 HOLLY FLOWER LN**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **SD** ☐ Change ☒ Addition
NAME **KAISER, BOB**
STREET ADDRESS **1810 HOLLY FLOWER LN**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **TD** ☐ Delete
NAME **JEAKLE, JERRY**
STREET ADDRESS **1804 HOLLY FLOWER LN**
CITY-ST-ZIP **ORANGE PARK FL 32003**

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

TITLE **D** ☐ Delete
NAME **SOUTHWELL, LEE**
STREET ADDRESS **2201 SALT MYRTLE LN**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **D** ☐ Change ☒ Addition
NAME **PAUL PINHO**
STREET ADDRESS **1553 CHAIN FERN LANE**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **D** ☒ Delete
NAME **MICHAEL PINHO**
STREET ADDRESS **2242 SALT MYRTLE LANE**
CITY-ST-ZIP **ORANGE PARK FL 32003**

TITLE **D** ☐ Change ☒ Addition
NAME **PINHO, MICHAEL**
STREET ADDRESS **2242 SALT MYRTLE LN**
CITY-ST-ZIP **ORANGE PARK FL 32003**

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:

Diana Farhat 1/7/03 (904) 278-6560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (10/02)