

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

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90137 023 \*\*\*\*70.00

**DOCUMENT # N29246**

1. Entity Name

**ASSOCIATION OF VILLAGES OF FIRESIDE, INC.**



Principal Place of Business

**1732 KINGSLEY AVE  
STE 202  
ORANGE PARK FL 32073  
US**

Mailing Address

**1732 KINGSLEY AVE  
STE 202  
ORANGE PARK FL 32073  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2916816**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**POWELL, TERRELL J  
1732 KINGSLEY AVE  
STE 202  
ORANGE PARK FL 32073**

7. Name and Address of New Registered Agent

Name **ALAN PERRY**

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

**1732 Kingsley Ave, Ste 202**

City

**Orange Park**

FL

Zip Code

**32073**

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

TITLE **DV** ☐ Delete  
NAME **JONEIKIS, JOHN**  
STREET ADDRESS **3347 CHIMNEY DRIVE**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **D** ☒ Delete  
NAME **REYNOLDS, JAMES W**  
STREET ADDRESS **2021 GLITTER CT**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **DS** ☒ Delete  
NAME **KUDER, NICK**  
STREET ADDRESS **2479 MOON HARBOR WAY**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **DT** ☒ Delete  
NAME **NERO, GABRIEL**  
STREET ADDRESS **2959 CHASE RIDGE DRIVE**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **DP** ☒ Delete  
NAME **PARKER, ALLEN**  
STREET ADDRESS **3181 CHIMNEY DRIVE**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE **D** ☐ Delete  
NAME **OZGOWICZ, STEVE**  
STREET ADDRESS **3179 FLEUCREST DR**  
CITY-ST-ZIP **MIDDLEBURG FL 32068**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DS** ☐ Change ☒ Addition  
NAME **Deanna Burgess**  
STREET ADDRESS **3135 Fieldcrest Dr**  
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **DV** ☐ Change ☒ Addition  
NAME **Terry Hansen**  
STREET ADDRESS **3191 Fireside Dr**  
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **D** ☐ Change ☒ Addition  
NAME **Dementree Robinson**  
STREET ADDRESS **3007 Peppercorn Ct**  
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **DT** ☐ Change ☒ Addition  
NAME **PAUL Schnake**  
STREET ADDRESS **3131 Peppercorn Dr**  
CITY-ST-ZIP **Middleburg, FL 32068**

TITLE **DP** ☒ Change ☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-22-03**

CR2E03710102