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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N34642

(1)

THE JUNCTION HOMEOWNERS ASSOCIATION, INC.

Principal Place	of Business	Mailing Address	22 M MOI	Ne DOS	,. I III III III III III III III IIII I	# 1101 01811 PIPIT 81911 918	
7441 LIEODIL	LEGAN 4322 WINDTHE	7r50 45	22 M MAI.				
P-O-BOX-00	RETIONU	7441-MERRILL-ROAD -P.O. BOX-66564	FACKSONVIII	4)			
JACKBONVIL		7 JACKSONVILLE FL 32277	·				
Ш\$		~⊌\$	λ 37	v >	3. Date Incorporated or Qualified	3a. Date of Last	
9 Principal Pla			10/11/1989	04/28/	1995		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	Applied For
Suite, Apt. i	# etc	Suite, Apt. #, etc.			59-2977941	4	Not Applicable
27 Suite, Apr. #, etc.					5. Certificate of Status Desired		5 Additional
City & State City & State					6 Flooring Committee Committee		Required
28				'	6. Election Campaign Financing Trust Fund Contribution		00 May Be ad to Fees
Zip	Country	Zip	Country				
24	25	29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ Yo		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
			81 Name	41	Λ		
BRASWI	ELL, THEO A MON! P	INDERSON	82 Stree	Men	P.O. Box Number is Not Acceptab	7-1	
- 7/// MGBDH-DB- ゲシン 1/// ハリトウキャン・** 1// 1/20 / .					La WIND THE Dr So		
	NVILLE FL 32277 TACKEN	Will, 41 3225	7 83	10-0	1001.001.00		
0,10,100	THE COST	1010 4 1					
•			B4 City	TACK	SUNVILLA	FL 85 2	ip Code
11. Pursuant to	o the provisions of Sections 617.0502 and agent, or both, in the State of Florida	and 617.1508, Florida Statutes, t	he above named	corporation	submits this statement for the pur	pose of changing its	registered office
or registere familiar wit	ed agent, or both, in the State of Florida h.,and accept the obligations of, Sectio	 Such change was authorized b in 617 0503. Florida Statutes 	by the corporation	's board of	directors. I hereby accept the appoint	ointment as registered	l agent. I am
SIGNATURE	Mar I Ara	9	\ 0	11/2	alone -	باهيالي	a/
	Signature, typod or printed name of registered agent a	nd title if applicable. (NOTEX	Registered Agent signature	e required when	n reinstating)		16
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	DRS IN 12
TITLE	PD	DELETE	1.1 TITLE	PD		Change	☐ Addition
NAME	tedrahn, robert k		1.2 NAME	Mer	I ANDERSON LY WINDTABLE DI ACKSON VILLY 7		
STREET ADDRESS	4332 WIND TREE DR S		1.3 STREET ADDRESS	423	LE WIN OTHER DI	- So	
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY - ST - ZIP	کے ا	ACKSON VILLY 7	132257	ŀ
TITLE	VD	DELETE	2.1 TITLE	VD		Change	☐ Addition
NAME	Franklin, kim		2.2 NAME	DAV			
STREET ADDRESS	11212 SHADY GLEN		2.3 STREET ADDRESS	1176-	1 WIND THE Dr E	•	
CITY - ST - ZIP	JACKSONVILLE FL		2. 4 CITY-ST-ZIP	76	ACKSON VILLY 71	32257	i
TITLE	TD	™ DELETE	31 TITLE	TD	, , , , , , , , , , , , , , , , , , , ,	L enange	Addition
NAME	CARTER, JANICE		32 NAME	KAT	hryn BRIFFIT	h	
STREET ADDRESS	11281 WINDTREE DR E		3.3 STREET ADDRESS	1,,,,			ŀ
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-ST-ZIP	JA	CKSON VIII4 71	32257	
TITLE	8	☑ DELETE	4.1 TITLE	m	1	Change	Addition
NAME	TANIS, DAVID		4 2 NAME	NA.	riet Andersod		
STREET ADDRESS	11246 WINDTREE DR E		4.3 STREET ADDRESS	432	2 WINDTHE Dr	So _	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	TA	CKSONVILLE 71	3225	
TITLE		DELETE	5.1 TITLE	5T		Change	Addition
NAME			5.2 NAME	ANA	a Stanblin		ļ
STREET ADDRESS			5.3 STREET ADDRESS			i	_
CITY-ST-ZIP			5.4 CITY - ST - ZIP	1	CKSONUILL A	1377	1
TITLE		DELETE	6.1 TITLE			☐ Change	☐ Addition
NAME			6.2 NAME				DCR.
STREET ADDRESS			6.3 STREET ADDRESS	: .	90000178	39779	4XCI)
CITY-ST-ZIP			6.4 CITY-ST-ZIP		-04/23/96010	11017	4-22-98
14. I do hereby	certify that the information supplied wi	th this filing is voluntarily furnishe	d and does not go	ualify for the	exem #### Pred Prection 119.0	07(3)(k), Florida Statut	es. I further

certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MERL HADERSON 100 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

11.196 7/8/7/16