

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34642

1. Entity Name

THE JUNCTION HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90111 013 ****61.25

Principal Place of Business

4322 WINDTREE DRIVE SOUTH
JACKSONVILLE FL 32257
US

Mailing Address

4322 WINDTREE DRIVE SOUTH
JACKSONVILLE FL 32257-1431
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2977941

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

ANDERSON, MERL
4322 WINDTREE DRIVE SOUTH
JACKSONVILLE FL 32257

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ANDERSON, MERL
STREET ADDRESS 4322 WINDTREE DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE VD ☐ Delete
NAME BROWN, DARRYL
STREET ADDRESS 11267 WINDTREE DRIVE EAST
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☐ Addition
NAME *Raymond B. Borman*
STREET ADDRESS *4339 Pathwood*
CITY-ST-ZIP *JACKSONVILLE, FL 32257*

TITLE TD ☐ Delete
NAME GRIFFITH, KATHRYN
STREET ADDRESS 4339 PATHWOOD
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☐ Addition
NAME *B. Borman, KATHRYN*
STREET ADDRESS *4339 PATHWOOD*
CITY-ST-ZIP *JACKSONVILLE, FL 32257*

TITLE TD ☐ Delete
NAME ANDERSON, HARRIET
STREET ADDRESS 4322 WINDTREE DRIVE SOUTH
CITY-ST-ZIP JACKSONVILLE FL 32257

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

TITLE ST ☐ Delete
NAME STANDLIN, ANNA
STREET ADDRESS 11264 SHADY GLEN
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☒ Change ☐ Addition
NAME *HAZEL McLaughlin*
STREET ADDRESS *4323 Pathwood*
CITY-ST-ZIP *JACKSONVILLE, FL 32257*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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

4/20/2000 *904 2681216*
Date Daytime Phone #

CR2E037 (9/99)