

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34642

1. Entity Name

THE JUNCTION HOMEOWNERS ASSOCIATION, INC.

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91133 011 ****61.25

Principal Place of Business

4322 WINDTREE DRIVE SOUTH
JACKSONVILLE FL 32257
US

Mailing Address

4322 WINDTREE DRIVE SOUTH
JACKSONVILLE FL 32257
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 **59-2977941**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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 **Same**
STREET ADDRESS **Same**
CITY-ST-ZIP **Same**

TITLE **VD** ☐ Delete
NAME **BURMAN, RAYMOND**
STREET ADDRESS **4339 PATHWOOD**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

TITLE **VP** ☐ Delete
NAME **BURMAN, KATHRYN**
STREET ADDRESS **4339 PATHWOOD**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

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

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

TITLE **T** ☐ Delete
NAME **MCLAUGHLIN, HAZEL**
STREET ADDRESS **4323 PATHWOOD**
CITY-ST-ZIP **JACKSONVILLE FL 32257**

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

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

4/17/02 9042681716

CR2E037 (9/01)