2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # N34642 1. Entity Name 04-05-2004 90415 039 ****61.25 THE JUNCTION HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 4322 WINDTREE DRIVE SOUTH 4322 WINDTREE DRIVE SOUTH JACKSONVILLE FL 32257 US JACKSONVILLE FL 32257 2. Principal Place of Busines 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State 4. FEI Number Applied For 59-2977941 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDERSON, MERL Street Address (P.O. Box Number is Not Acceptable) 4322 WINDTREE DRIVE SOUTH JACKSONVILLE FL 32257 City 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 \$5.00 May Be Make Check Payable to Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition ANDERSON, MERL NAME NAME 4322 WINDTREE DRIVE SOUTH STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BURMAN, RAYMOND NAME NAME 4339 PATHWOOD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-ZIP. TITLE ☐ Delete TITLE Change ☐ Addition BURMAN, KATHRYN NAME NAME STREET ADDRESS 4339 PATHWOOD STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition VANSAG, MARY NAME NAME 11263 SHADY GLEN STREET AODRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition MCLAUGHLIN, HAZEL NAME NAME 4323 PATHWOOD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32257 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED