

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N34642**

1. Entity Name  
**THE JUNCTION HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**4322 WINDTREE DRIVE SOUTH  
JACKSONVILLE, FL 32257 US**

Mailing Address  
**4322 WINDTREE DRIVE SOUTH  
JACKSONVILLE, FL 32257 US**



01172006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2977941</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**ANDERSON, MERL  
4322 WINDTREE DRIVE SOUTH  
JACKSONVILLE, FL 32257**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, MERL 4322 WINDTREE DRIVE SOUTH JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURMAN, RAYMOND 4339 PATHWOOD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURMAN, KATHRYN 4339 PATHWOOD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VANSAG, MARY 11283 SHADY GLEN JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCLAUGHLIN, HAZEL 4323 PATHWOOD JACKSONVILLE, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000455801  
03/16/06-80004-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Hazel McLaughlin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/06  
Date

Daytime Phone #