2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N34642

STREET ADDRESS

FILED Apr 09, 2007 8:00 am Secretary of State

04-09-2007 90086 030 ****61.25

1. Entity Nam THE JUN	CTION HOMEOWNERS AS	SOCIATION, INC.		
Principal Place of Business 4322 WINDTREE DRIVE SOUTH JACKSONVILLE, FL 32257 US		Mailing Address 4322 WINDTREE DRIVE SOUTH JACKSONVILLE, FL 32257 US		40054695
	PATHWOOD WAY #, etc.	3. Mailing Address 4331 PATHU Suite, Apt. #, etc.	NOOD WA	00400007
City & Stat	DNVILLE, FL.	City & State JACKSONVILLE	= , FL.	4. FEI Number Applied For
Zip 322		Zip 32257	Country DUVA	— \$8.75 Additional
	· · · · · · · · · · · · · · · · · · ·			7. Name and Address of New Registered Agent
ANDEDOG			Name	TOHN S. KEITH
4322 WINI	OTREE DRIVE SOUTH		Street A	Address (P.O. Box Number is Not Acceptable)
6. Name and Address of Current Re ANDERSON, MERL 4322 WINDTREE DRIVE SOUTH JACKSONVILLE, FL 32257		43	331 PATHWOOD WAY	
		r the purpose of changing its re		or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE .	John & Ton			2132007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2977941 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent TOHN S. KEITH Address (P.O. Box Number is Not Acceptable) 331 PATHWOOD WAY TACKSONVILLE FL Zip Code 322 57 registered agent, or both, in the State of Florida. I am familiar with, and accept
	Filing Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co		
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ANDERSON, MERL 4322 WINDTREE DRIVE SOUTH JACKSONVILLE, FL 32257	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOHN S. KEITH 4331 PATHWOOD WAY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BURMAN, RAYMOND 4339 PATHWOOD JACKSONVILLE, FL 32257	Delete -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT VD Pthange Addition STEPHEN SMITH 10723 SPURS COURT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BURMAN, KATHRYN 4339 PATHWOOD JACKSONVILLE, FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VANSAG, MARY 11263 SHADY GLEN JACKSONVILLE, FL 32257	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCLAUGHLIN, HAZEL 4323 PATHWOOD JACKSONVILLE, FL 32257	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Additio

12. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

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

SIGNATURE: Jakus John S. KEITH 04/06/07 (904)327-04/17

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devime Phone #