

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # N34642

1. Entity Name
THE JUNCTION HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**4331 PATHWOOD WAY
JACKSONVILLE, FL 32257 US**

Mailing Address
**4331 PATHWOOD WAY
JACKSONVILLE, FL 32257 US**



02042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

**KEITH, JOHN S
4331 PATHWOOD WAY
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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KEITH, JOHN S
STREET ADDRESS	4331 PATHWOOD WAY
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	VD
NAME	SMITH, STEPHEN
STREET ADDRESS	10723 SPURS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	SD
NAME	BURMAN, KATHRYN
STREET ADDRESS	4339 PATHWOOD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	T
NAME	MCLAUGHLIN, HAZEL
STREET ADDRESS	4323 PATHWOOD
CITY-ST-ZIP	JACKSONVILLE, FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/08-80022-012 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* **HAZEL MCLAUGHLIN**

2/4/08

904 880-0325

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #