

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N38322**

1. Entity Name

ST. JOHN'S WOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

P O BOX 461
DEBARY FL 32713
US

Mailing Address

P O BOX 461
DEBARY FL 32713
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

59-3100064

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VOITEL, RICH
19 KEEBLE AVE
DEBARY FL 32713**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
VOITEL, RICH
19 KEEBLE AVE
DEBARY FL 32713 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
POPLIN, JAYNE
16 KEEBLE AVE
DEBARY FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HARTMAN, NEAL
405 RUTH JENNINGS DR
DEBARY FL ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
POPLIN, JOHN
16 KEEBLE AVE
DEBARY FL 32713 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
MCRAE, CHARLES J
388 RUTH JENNINGS DR
DEBARY FL 32713 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S ☒ Change ☐ Addition
MARY ANN VOITEL
19 KEEBLE AVE.
DEBARY, FL. 32713TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD ☒ Change ☐ Addition
MORGAN, LARRY
430 RUTH JENNINGS DR
DEBARY, FL. 32713TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD ☒ Change ☐ Addition
KATH, KEN
355 RUTH JENNINGS DR.
DEBARY, FL. 32713TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: CHARLES J. MCRAE (TREASURER) *[Signature]*

4/29/01 386-168-1554

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90079 003 ****61.25



DO NOT WRITE IN THIS SPACE

002059

CR2E037 (10/00)