

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42107

1. Entity Name

SPRINGLEAF HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

**2565 EIFFEL CIRCLE EAST
JACKSONVILLE FL 32210**

Mailing Address

**2565 EIFFEL CIRCLE
JACKSONVILLE FL 32210**

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

59-3332896

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

**PICKETT, ANNE F
2565 EIFFEL CIRCLE
JACKSONVILLE FL 32210**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **PICKETT, ANNE F**
STREET ADDRESS **2565 EIFFEL**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE **P** ☐ Change ☒ Addition
NAME **JAMES A VOSS**
STREET ADDRESS **7945 JACQUES DRIVE**
CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **D** ☐ Delete
NAME **MORRIS, KENNETH R**
STREET ADDRESS **7973 JACQUES DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **MATHEWS, CECIL A**
STREET ADDRESS **7941 JACQUES DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GOSWICK, KENNETH E**
STREET ADDRESS **7973 EIFFEL CIRCLE EAST**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SIMPSON, CAROLYN H**
STREET ADDRESS **2557 EIFFEL CIRCLE WEST**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Anne Pickett
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-301-2151



DO NOT WRITE IN THIS SPACE

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