

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90173 023 ****61.25

DOCUMENT #

1. Entity Name

N 42107
SPRINGLEAF HOMEOWNERS ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7945 JACQUES DR
Suite, Apt. #, etc.

3. Mailing Address

7945 JACQUES DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-3332896

Applied For

Not Applicable

Zip

Country

Zip

Country

32210

DUVAL

32210

DUVAL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JAMES VOSS

Street Address (P.O. Box Number is Not Acceptable)

7945 JACQUES DR

City

JACKSONVILLE

FL

Zip Code

32210

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

James Voss JAMES VOSS Spring Leaf HOA

4-15-03

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

PRESIDENT / TREASURER
JAMES A. VOSS
7945 JACQUES DR
JACKSONVILLE FL 32210

VP.
KENNETH CROSWICK
2577 EIFFEL CIR
JACKSONVILLE FL 32210

SECRETARY
CAROLYN SIMPSON
2557 EIFFEL CIR
JACKSONVILLE FL 32210

DIRECTOR
KEN MORRIS
7973 JACQUES DR
JACKSONVILLE FL 32210

DIRECTOR
CECIL MATHEWS
7941 JACQUES DR
JACKSONVILLE FL 32210

DELETED
ANN PICKETT
(MOVED)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

SIGNATURE:

James A. Voss

4-18-03

904-786-9008

CR2E037B (12/02)