

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90808 009 ****61.25

DOCUMENT # N47386

1. Entity Name

ARBOR POINTE UNIT FIVE OWNERS ASSOCIATION, INC.



Principal Place of Business

**13252 EUCALYPTUS DRIVE
JACKSONVILLE FL 32225-3375**

Mailing Address

**13252 EUCALYPTUS DRIVE
JACKSONVILLE FL 32225-3375**

2. Principal Place of Business

3. Mailing Address

13263 HARTWELL DR.

13263 HARTWELL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAX. FL.

City & State

SAX. FL.

4. FEI Number **59-3125893**

Applied For

Not Applicable

Zip

32225

Country

U.S.

Zip

32225

Country

U.S.

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

~~VIANA, JERI~~

~~13252 EUCALYPTUS DRIVE~~

~~JACKSONVILLE FL 32225-3375~~

**DANA JONES
13263 HARTWELL
SAX. FL. 32225 DR.**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Dana R. Jones

4/28/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	VIANA, JERI	
STREET ADDRESS	13252 EUCALYPTUS DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32225-3375	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, DANA	
STREET ADDRESS	13263 HARTWELL DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLORENCZ, DOUG	
STREET ADDRESS	13239 HARTWELL DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAPSIS, GEORGE	
STREET ADDRESS	13265 EUCALYPTUS DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dana R. Jones

27 Apr. 03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)