

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50603

1. Entity Name

ST. JOHNS WOODS OWNERS ASSOCIATION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90035 042 ****61.25

Principal Place of Business
 10036 SAWGRASS DR
 STE 3
 PONTE VEDRA BCH FL 32082
 US

Mailing Address
 P O BOX 1159
 PONTE VEDRA BCH FL 32004-1159
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2180 W SR 434

3. Mailing Address
 2180 W SR 434

Suite, Apt. #, etc.
 STE 5000

Suite, Apt. #, etc.
 STE 5000

City & State
 LONGWOOD FL

City & State
 LONGWOOD FL

4. FEI Number **59-3153926**
 Applied For
 Not Applicable

Zip
 32779

Country
 US

Zip
 32779

Country
 US

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

MUNCH, DONALD
 FOUR SEASONS MANAGEMENT
 10036 SAWGRASS DR
 PONTE VEDRA BCH FL 32082

HART, JAMES W JR
 SENTRY MANAGEMENT INC
 2180 W SR 434 STE 5000
 LONGWOOD FL 32779-5044

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 NAME STREET ADDRESS CITY-ST-ZIP	DO VANDYKE, LEON 3343 SHAUNA OAKS CIRCLE E JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, JONATHAN 3360 SHAUNA OAKS CIR E JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GLOVER, JUAN 3372 SHAUNA OAKS CIR E JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LUDWIG, HELEN 3528 MAJESTIC OAKS DR JACKSONVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FUNDY, CARABALLO 3613 SHAUNA OAKS CIRCLE S. JACKSONVILLE FL 32277	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD 3393 SHAUNA OAKS DR JACKSONVILLE FL 32211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A JACKSONVILLE FL 32211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSONVILLE FL 32211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JACKSONVILLE FL 32211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FUNDY CARABALLO 8613 SHAUNA OAKS DR JACKSONVILLE FL 32211	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEPHANIE SESTER 3521 MAJESTIC OAKS DR JACKSONVILLE FL 32211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] FUNDY CARABALLO 17 APR 2000 (904) 542-8131

CR2E037 (9/99)