

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**  
 04-19-2001 90040 013 \*\*\*\*61.25

**DOCUMENT # N50603**

1. Entity Name

**ST. JOHNS WOODS OWNERS ASSOCIATION, INC.**

Principal Place of Business

2180 W SR 434  
 STE 5000  
 LONGWOOD FL 32779  
 US

Mailing Address

2180 W SR 434  
 STE 5000  
 LONGWOOD FL 32779  
 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

**59-3153926**

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

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

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 PD ☐ Delete  
 NAME VANDYKE, LEON  
 STREET ADDRESS 3393 SHAUNA OAKS DR  
 CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☐ Change ☒ Addition  
 NAME DUTTON, GREG  
 STREET ADDRESS 8509 S MAJESTIC OAKS DR  
 CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE D ☐ Delete  
 NAME GEORGE, JONATHAN  
 STREET ADDRESS 3360 SHAUNA OAKS CIR E  
 CITY-ST-ZIP JACKSONVILLE FL 32211

TITLE D ☐ Change ☒ Addition  
 NAME NEWBERRY, JULIE  
 STREET ADDRESS 3429 TURKEY OAKS CT  
 CITY-ST-ZIP JACKSONVILLE, FL 32277

TITLE SD ☒ Delete  
 NAME GLOVER, JUAN  
 STREET ADDRESS 3372 SHAUNA OAKS CIR E  
 CITY-ST-ZIP JACKSONVILLE FL 32211

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

TITLE DT ☐ Delete  
 NAME LUDWIG, HELEN  
 STREET ADDRESS 3528 MAJESTIC OAKS DR  
 CITY-ST-ZIP JACKSONVILLE FL 32211

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

TITLE VD ☐ Delete  
 NAME CARABALLO, FUNDY  
 STREET ADDRESS 8613 SHAUNDA OAKS DR  
 CITY-ST-ZIP JACKSONVILLE FL 32211

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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-21-01

743-7312

CR2E037 (10/00)