

2002 UNIFORM BUSINESS REPORT (UBR)

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

3440 Turkey Oaks Drive

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8703

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32277

Country

Zip

32239

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

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

7. Name and Address of New Registered Agent

Name: Hank J. Pocopanni
Street Address (P.O. Box Number is Not Acceptable)
3440 Turkey Oaks Drive

City: Jacksonville FL Zip: 32277

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

Hank J. Pocopanni, President

3/18/02

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VANDYKE, LEON	
STREET ADDRESS	3393 SHAUNA OAKS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GEORGE, JONATHAN	
STREET ADDRESS	3360 SHAUNA OAKS CIR E	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GLOVER, JUAN	
STREET ADDRESS	3372 SHAUNA OAKS CIR E	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LUDWIG, HELEN	
STREET ADDRESS	3528 MAJESTIC OAKS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARABALLO, FUNDY	
STREET ADDRESS	8613 SHAUNDA OAKS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUTTON, GREG	
STREET ADDRESS	8509 S MAJESTIC OAKS DR	
CITY-ST-ZIP	JACKSONVILLE FL 32277	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Julie Newberry	
STREET ADDRESS	3429 Turkey Oaks Drive	
CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hank J. Pocopanni	
STREET ADDRESS	3440 Turkey Oaks Drive	
CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cindy Myers	
STREET ADDRESS	3485 Shauna Oaks Drive	
CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Elizabeth Swim	
STREET ADDRESS	3456 Turkey Oaks Drive	
CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Helen Ludwig	
STREET ADDRESS	3528 Majestic Oaks Drive	
CITY-ST-ZIP	Jacksonville, FL 32277	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hank J. Pocopanni

3/18/02

Date

Daytime Phone #

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90228 044 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)