

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

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90410 048 \*\*\*\*61.25

**DOCUMENT # N50603**

1. Entity Name  
**ST. JOHNS WOODS OWNERS ASSOCIATION, INC.**



Principal Place of Business  
**3440 TURKEY OAKS DRIVE  
JACKSONVILLE FL 32277  
US**

Mailing Address  
**P.O. BOX 8703  
JACKSONVILLE FL 32239**

2. Principal Place of Business  
**8502 MAJESTIC OAKS DR.**

3. Mailing Address  
**S.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**JACKSONVILLE, FL**

City & State

4. FEI Number **59-3153926**

Applied For  
Not Applicable

Zip  
**32277**

Country  
**DUVAL**

Zip

Country

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**

**POCOPANNI, HANK J  
3440 TURKEY OAKS DRIVE  
JACKSONVILLE FL 32277**

Name **CHERYL GOSSARD**  
Street Address (P.O. Box Number is Not Acceptable) **8502 MAJESTIC OAKS DRIVE S.**  
City **JACKSONVILLE** **FL** Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CHERYL GOSSARD, DIRECTOR** **4/8/03**  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D NEWBERRY, JULIE 3429 TURKEY OAKS DRIVE JACKSONVILLE FL 32277</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P POCOPANNI, HANK J 3440 TURKEY OAKS DRIVE JACKSONVILLE FL 32277</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T MYERS, CINDY 3485 SHAUNA OAKS DRIVE JACKSONVILLE FL 32277</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LUDWIG, HELEN 3528 MAJESTIC OAKS DR JACKSONVILLE FL 32211</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S SWIM, ELIZABETH 3456 TURKEY OAKS DRIVE JACKSONVILLE FL 32277</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DUTTON, GREG 8509 S MAJESTIC OAKS DR JACKSONVILLE FL 32277</b> <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHERYL GOSSARD 8502 MAJESTIC OAKS DRIVE S. JACKSONVILLE, FL 32277</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LEO BRUNNER 3388 SHAUNA OAKS CIRCLE E. JACKSONVILLE, FL 32277</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RON BUTTS 3436 TURKEY OAKS COURT JACKSONVILLE, FL 32277</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MARILYN POCOPANNI 3440 TURKEY OAKS DRIVE JACKSONVILLE, FL 32277</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 REQUIRED** **BRUNNER, PRES.** **4/8/03**

CR2E037 (10/02)