

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000670

1. Entity Name

SUTTON GROVE HOMEOWNERS ASSOCIATION, INC.

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90029 040 ****61.25

Principal Place of Business

12200-21 SAN JOSE BLVD.
#115
JACKSONVILLE FL 32223
US

Mailing Address

12200-21 SAN JOSE BLVD
#115
JACKSONVILLE FL 32223
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

59-3190571

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

MOTTINGEN, EDWARD C
12264 SUTTON ESTATES CIRCLE W.
JACKSONVILLE FL 32223

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 DP
NAME MOTTINGER, EDWARD C
STREET ADDRESS 12264 SUTTON ESTATES CIR. W.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

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

TITLE DVP
NAME MANSFIELD, NORMAN
STREET ADDRESS 2850 SUTTON ESTATES CIR. S.
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

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

TITLE ST
NAME KING, JACKIE
STREET ADDRESS 12202 SUTTON ESTATES DR
CITY-ST-ZIP JACKSONVILLE FL 32223 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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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: Edward C Mottinger REQUIRED

4-27-2001 904-260-7887

CR2E037 (10/00)