2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 09, 2001 8:00 am
Secretary of State

02-27-2001 90325 007 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000002825

1. Entity Name

JOG ACRES, FIRST ADDITION HOMEOWNERS ASSOCIATION

Principal Place of Business	Mailing Address
5858 N.W. 80TH AVE. RD. OCALA FL 34482	P.O. BOX 1386 BELLEVIEW FL 34421 US

2. Principal Place of Business	3. Mailing Address
11105 S.E. SUNSET HARBOR RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SUMMERFIELD, FL	City & State
Zip: 34491 / Country	Zip / Country

4. FEI Number: 59-3377038 — 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
GIBBS, JOHN L 5858 N.W. 80TH AVE. RD. OCALA FL 34482	Name: O. G. SHEPPARD Street Address (P.O. Box Number is Not Acceptable): 11105 S.E. SUNSET HARBOR RD City: SUMMERFIELD FL Zip Code: 34491

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: O G Sheppard — OTTIS G. SHEPPARD — 2-21-2001

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	PD GIBBS, JOHN L 5858 N.W. 80TH AVE. RD. OCALA FL 34482 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEPPARD, O.G. 4410 NW 76TH COURT OCALA FL 34476 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~PST~~ P.D. 11105 S.E. SUNSET HARBOR RD. SUMMERFIELD, FL 34491 P.D ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GIBBS, ESTHER P 5858 N.W. 80TH AVE. RD. OCALA FL 34482 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KAREN M DAVIS P.O. BOX 1386 ST. D BELLEVIEW FL 34421 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES A. SHEPPARD 11105 SE SUNSET HARBOR RD. D SUMMERFIELD FL 34491 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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

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: Otis G. Sheppard — OTTIS G. SHEPPARD — 2/21/2001 — 352-288-3826

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #