

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002825

1. Entity Name

JOG ACRES, FIRST ADDITION HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

11105 SE SUNSET
SUMMERFIELD FL 34491

Mailing Address

P.O. BOX 1386
BELLEVIEW FL 34421
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 59-3377038

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

SHEPPARD, O G
11105 SE SUNSET HARBOR RD
SUMMERFIELD FL 34491

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 D ☐ Delete
NAME SHEPPARD, O.G.
STREET ADDRESS 11105 SE SUNSET HARBOR RD
CITY-ST-ZIP SUMMERFIELD FL 34491

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

TITLE STD ☐ Delete
NAME DAVIS, KAREN M
STREET ADDRESS PO BOX 1386
CITY-ST-ZIP BELLEVIEW FL 34421

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

TITLE D ☐ Delete
NAME SHEPPARD, JAMES A
STREET ADDRESS 11105 SE SUNSET HARBOR RD
CITY-ST-ZIP SUMMERFIELD FL 34491

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.17.02

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90146 034 ****61.25