

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000477

1. Entity Name

J.P.O. CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90009 041 \*\*\*\*61.25

Principal Place of Business

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779

Mailing Address

2180 WEST SR 434  
SUITE 5000  
LONGWOOD FL 32779

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

59-3488462

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

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

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 PD ☒ Delete  
NAME YOUNG, WILLIAM K  
STREET ADDRESS 1345 N HWY A1A, #309  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE PD ☐ Change ☒ Addition  
NAME HARWOOD, JERRY  
STREET ADDRESS 1345 N HIGHWAY A1A #509  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE VD ☐ Delete  
NAME BORSELLA, ALBERT  
STREET ADDRESS 1345 N HWY A1A, #309  
CITY-ST-ZIP INDIALANTIC FL 32903

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

TITLE TD ☒ Delete  
NAME WILD, EDWARD  
STREET ADDRESS 1345 N HWY A1A, #408  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE VP ☐ Change ☒ Addition  
NAME STERMAN, DAVID  
STREET ADDRESS 1345 N HIGHWAY A1A #607  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition  
NAME QUINN, ALICE  
STREET ADDRESS 1345 N HIGHWAY A1A #206  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition  
NAME CAMERUCI, SHERRA  
STREET ADDRESS 1345 N HIGHWAY A1A #308  
CITY-ST-ZIP INDIALANTIC FL 32903

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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:

*Jerry D. Harwood*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-00

Date

676-5267

Daytime Phone #

CR2E037 (9/99)