*NOT-FOR-PROFIT CORPORATION ... UNIFORM BUSINESS REPORT (UBR)

FILED Jun 20, 2002 8:00 am Secretary of State 06-20-2002 90058 019 ****70.00

DOCUMENT # N98000001935

1. Entity Name

O6-20-2002 90058 019 ****70

1. Entity Name	. ,, 1,500000	:			1	, 06-20-	2002 90058 (019 ****70	0.00	
Julington L	anding Owner	s Ass	ociation	, Ir	ic.					
DO NOT WRITE IN THIS SPACE							870231			
2. Principal Place of Business 1022 Blanding Boulevard 1022 Blanding Suite, Apt. #, etc. 3. Mailing Address 1022 Blanding Suite, Apt. #, etc.					oulevar	d	DO NOT WRITE IN THIS SPACE			
City & State Orange Park	1 1	City & State Orange Park, Florida			4. FEI Number Applied For 59 – 3 6 4 0 8 4 7 Not Applicable					
Zip 32065	Country USA	Zip 3206		Cou	intry JSA	5. Certificate of			8.75 Additional ee Required	
8. The above named en	DO NOT WINTHIS SP	ACE	· · · · · · · · · · · · · · · · · · ·		Street Addre	nald W. Hass (P.O. Box Number in 22 Blanding ange Park, stered agent, or both,	s:Not Acceptable .g Boule:	vard FL	Zip Code 32065	
SIGNATURE Signature, typed or printed name of registered agent and true if applicable. (NOTE: FEE IS \$61.25 Initial or Amended UBR (NOTE: FEE IS \$61.25								•		
10. OFFICERS AND DIRECTORS TITLE DP T NAME Donald W. Hagan STREET ADDRESS 1022 Blanding Boulevard OTYP-SIT-ZIP Orange Park, FL 32065										CR2E037B (12/01)
NAME STREET ADDRESS CITY-ST-ZIP Doug Jack	DSVP Douglas R. Correia 12575 San Jose Boulevard Jacksonville; FL 32223				ET ADDRESS ST-ZIP	Sec. 1				CR2
NAME Rich STREET ADDRESS 1257	Richard A. Correia 12575 San Jose Boulevard Jacksonville, FL 32223				ET ADDRESS ST-ZIP		DO NOT WRITE IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP				CITY-	ET ADDRESS ST-ZIP	IN .	THIS S	PAC	E	
TITLE	*.			TITLE	.					

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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: Vonald W./Hagan

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME