

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90212 026 ****61.25

UBR0000

DOCUMENT # **N98000003347**

1. Entity Name

GREATER SANS SOUCI NEIGHBORHOOD ASSOCIATION, INC



Principal Place of Business

**2117 SAUL DR.
JACKSONVILLE FL 32216**

Mailing Address

**POST OFFICE BOX 10212
JACKSONVILLE FL 32247**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

2466 Provost Ct

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

4. FEI Number **59-3514574**

Applied For

Not Applicable

Zip

32216

Country

USA

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**LEON, JOHN
2117 SAUL DR.
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name

John Hamel

Street Address (P.O. Box Number is Not Acceptable)

2466 Provost Court

Jacksonville

City

FL

Zip Code

32216

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

John M. Hamel

John M. Hamel

4-21-03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--------------------------------------------|
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | HOUSLEY, JOHN | |
| STREET ADDRESS | 2113 LARRY DR W | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | COGGIN, ELLEN | |
| STREET ADDRESS | 6565 LOU DR NORTH | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HAMEL, JOHN | |
| STREET ADDRESS | 2466 PROVOST CT. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BARNES, BETTY | |
| STREET ADDRESS | 2138 LARRY DR W | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BURRIS, ROBERT | |
| STREET ADDRESS | 2807 ELISA DR W | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | STEWART, NANCY | |
| STREET ADDRESS | 2121 LARRY DR. W | |
| CITY-ST-ZIP | JACKSONVILLE FL 32216 | |

| | | |
|----------------|-------------------------------|------------------------------------------------------------------------------|
| TITLE | V.P. | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Mark Owens | |
| STREET ADDRESS | 6240 Bennett Rd | |
| CITY-ST-ZIP | Jacksonville, FL 32216 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

John M. Hamel

4-21-03 (904) 887-6805

CR2E037 (10/02)