

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004616

1. Entity Name

JULINGTON LANDING HOMEOWNERS ASSOC., INC.

Principal Place of Business

12543 SHADY CREEK DR
JACKSONVILLE FL 32223

Mailing Address

12543 SHADY CREEK DR
JACKSONVILLE FL 32223

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

59-3621507

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

SHINDLER, JOHN
12543 SHADY CREEK DR
JACKSONVILLE FL 32223

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	T	WELSCH, MARIA	<input type="checkbox"/> Delete
NAME		4046 SHADY CREEK LANE	
STREET ADDRESS		JACKSONVILLE FL 32223-2081	
CITY-ST-ZIP			
TITLE	P	SHINDLER, JOHN	<input type="checkbox"/> Delete
NAME		12543 SHADY CREEK DR	
STREET ADDRESS		JACKSONVILLE FL 32223	
CITY-ST-ZIP			
TITLE	T	REYNOLDS, EDEN	<input type="checkbox"/> Delete
NAME		4049 SHADY CREEK LANE	
STREET ADDRESS		JACKSONVILLE FL 32223	
CITY-ST-ZIP			
TITLE	T	PASSMORE, KEN	<input type="checkbox"/> Delete
NAME		4063 WATERWAY CT	
STREET ADDRESS		JACKSONVILLE FL 32223	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
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		
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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-08-01 281-7238

Date

Daytime Phone #

FILED
Feb 14, 2001 8:00 am
Secretary of State

02-14-2001 90012 037 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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