

2002 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

T ☐ Delete
NAME WELSCH, MARIA
STREET ADDRESS 4046 SHADY CREEK LANE
CITY-ST-ZIP JACKSONVILLE FL 32223-2081

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

P ☐ Delete
NAME SHINDLER, JOHN
STREET ADDRESS 12543 SHADY CREEK DR
CITY-ST-ZIP JACKSONVILLE FL 32223

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

T ☐ Delete
NAME REYNOLDS, EDEN
STREET ADDRESS 4049 SHADY CREEK LANE
CITY-ST-ZIP JACKSONVILLE FL 32223

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

T ☐ Delete
NAME PASSMORE, KEN
STREET ADDRESS 4063 WATERWAY CT
CITY-ST-ZIP JACKSONVILLE FL 32223

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

☐ Delete
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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 Shindler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-02

Date

904-281-7238

Daytime Phone #

000018

CR2E037 (9/01)