


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90013 012 ****61.25

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 4049 SHADY CREEK LA JACKSONVILLE FL		3. Mailing Address 4049 SHADY CREEK LA JACKSONVILLE FL			
Suite, Apt. #, etc. JACKSONVILLE FL		Suite, Apt. #, etc. JACKSONVILLE FL			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 59-3621507	
Zip 32223		Country DUVAL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SHINDLER, JOHN 12543 SHADY CREEK DR JACKSONVILLE, FL 32223 <i>Resigned from post</i>			7. Name and Address of New Registered Agent Name EDEN REYNOLDS Street Address (P.O. Box Number is Not Acceptable) 4049 SHADY CREEK LANE City JACKSONVILLE FL Zip Code 32223		
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 <i>Eden S. Reynolds</i> DATE 8-9-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	T WELSCH, MARIA 4046 SHADY CREEK LANE JACKSONVILLE, FL 322232081		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDEN REYNOLDS 4049 SHADY CREEK LANE JACKSONVILLE FL 32223	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHINDLER, JOHN 12543 SHADY CREEK DR JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T1VP REYNOLDS, EDEN 4049 SHADY CREEK LANE JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T2VP PASSMORE, KEN 4063 WATERWAY CT JACKSONVILLE, FL 32223		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IVP Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <i>Eden S. Reynolds</i> Eden S. Reynolds 8-9-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					