

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90036 049 ****61.25

DOCUMENT # N28711

1. Entity Name

PAGE ISLAND OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1733 PACE ISLAND TRACE
 ORANGE PARK FL 32073

1733 PACE ISLAND TRACE
 ORANGE PARK FL 32073-7035



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1545 Royal Fern Lane

1545 Royal Fern Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orange Park, FL

City & State

Orange Park, FL

4. FEI Number

59-2927306

Applied For

Not Applicable

Zip

32073

Country

USA

Zip

32073

Country

USA

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

POWELL, TERRELL J.
 2215 E STATE ROAD 200
 YULEE FL 32097

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:
FEES 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	PD	<input checked="" type="checkbox"/> Delete
NAME	WILKINSON, WILFRID II	
STREET ADDRESS	1775 BUTTON BUSH WAY	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HENDERSON, LLOYD	
STREET ADDRESS	1545 MARSH RABBIT WAY	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RAINEY, SOPHONIA	
STREET ADDRESS	2207 SALT MYRTLE LANE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORIARTY, JOHN	
STREET ADDRESS	1577 CHAIN FERN WAY	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORIARTY, JOHN	
STREET ADDRESS	1577 CHAIN FERN WAY	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, JOHN	
STREET ADDRESS	1476 WATER PIPIT LANE	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Whale, Jr., Clarence F.	
STREET ADDRESS	1473 Marsh Rabbit Way	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sidney, Richard	
STREET ADDRESS	1612 Royal Fern Lane	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kyrazis, T.G.	
STREET ADDRESS	1856 Bluebonnet Way	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rainey, Sophonia	
STREET ADDRESS	2207 Salt Myrtle Lane	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brown, Jonathan	
STREET ADDRESS	1922 Rose Mallow Lane	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crist, Ralph	
STREET ADDRESS	1790 Holly Flower Lane	
CITY-ST-ZIP	Orange Park, FL 32073	

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: CLARENCE F. WHALE JR 1-7-2000 (904) 279-7293
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)