

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90044 001 ****61.25

DOCUMENT # N28711

1. Entity Name

PACE ISLAND OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1545 ROYAL FERN LANE
 ORANGE PARK FL 32073**

**1545 ROYAL FERN LANE
 ORANGE PARK FL 32073**

358900



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2927306

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

**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: 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	PD	<input type="checkbox"/> Delete
NAME	HOWARD, REECE H	
STREET ADDRESS	1859 ROYAL FEV N. LANE	
CITY-ST-ZIP	OLP FL 32003	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BROWN, JONATHAN	
STREET ADDRESS	1922 ROSE MALLOW LN	
CITY-ST-ZIP	OLP FL 32003	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PEVTOR, VELMA	
STREET ADDRESS	1523 BLUE HERON CT	
CITY-ST-ZIP	OLP FL 32003	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JEAKLE, JERRY	
STREET ADDRESS	1804 HOLLY FLOWER	
CITY-ST-ZIP	OLP FL 32003	
TITLE	D	<input type="checkbox"/> Delete
NAME	SOUTHWELL, LEE	
STREET ADDRESS	2201 SALT MYRTLE LN	
CITY-ST-ZIP	OLP FL 32003	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CRIST, RALPH	
STREET ADDRESS	1790 HOLLY FLOWER LANE	
CITY-ST-ZIP	ORANGE PARK FL 32073	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1859 ROYAL FERN LN	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FARHAT, DIANA	
STREET ADDRESS	1481 RUSH LN	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORTER, VELMA	
STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1804 HOLLY FLOWER LN	
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32003	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAISER, BOB	
STREET ADDRESS	1810 HOLLY FLOWER LN	
CITY-ST-ZIP	ORANGE PARK FL 32003	

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: REECE HOWARD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 3, 2002

904-225-9070