


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90023 049 \*\*\*\*61.25

**DOCUMENT # N00000003978**

1. Entity Name  
**JOHNS LANDING HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
 2180 WEST SR. 434  
 SUITE 5000  
 LONGWOOD, FL 32779-5044

Mailing Address  
 2180 WEST SR. 434  
 SUITE 5000  
 LONGWOOD, FL 32779-5044

10000106



2. Principal Place of Business  
**Community Management Professionals Inc.**

3. Mailing Address  
**Community Management Professionals Inc.**

Suite, Apt. #, etc.  
**5401 S. Kirkman Rd Suite 450**

City & State  
**Orlando FL (Same)**

Zip  
**32819** Country  
**USA**

01312005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**59-3694501** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HART, JAMES W JR**  
 2180 WEST ST 434, STE 5000  
 LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name  
**Community Management Professionals, Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**5401 S. Kirkman Rd.**

**Suite 450**

City  
**Orlando** FL **32819**

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 *James W. Hart* **President** DATE **1-31-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>SHEPARD, CLIFF<br>221 NORTHEAST IVANHOE BLVD STE 205<br>ORLANDO, FL 32804 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>CZAPKA, THAD<br>4446 CURRY FORD RD<br>ORLANDO, FL 32812                   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DICKEY, KEVIN<br>4446 CURRY FORD RD<br>ORLANDO, FL 32812                   | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D DENNIS SCOWDEN<br>741 REGINA CIR<br>WINTER GARDEN, FL 34787                   | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD ALLIE BRASWELL<br>202 LARGOVISTA CT<br>WINTER GARDEN, FL 34787      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPD Sam CARR<br>815 CURA CT<br>WINTER GARDEN, FL 34787                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD YVONNE LOUISE<br>637 STRIHAL LOOP<br>WINTER GARDEN, FL 34787        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD JOHN KING<br>641 STRIHAL LOOP<br>WINTER GARDEN, FL 34787            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D DAVID HART<br>715 REGINA CT<br>WINTER GARDEN, FL 34787               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D JARVIS FITZPATRICK<br>508 ORION VISTA WAY<br>WINTER GARDEN, FL 34787 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *Allie Braswell* **Allie Braswell, Pres.** 3-17-05 407/903-9969