


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000004189
 1. Entity Name
THE RESIDENCES AT ST. JAMES BAY, INC.



Principal Place of Business Mailing Address
ONE EAGLES WAY **ONE EAGLES WAY**
CARRABELLE, FL 32322 **CARRABELLE, FL 32322**

DO NOT WRITE IN THIS SPACE



04022008 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-4726558	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEWIS, STEVE
125 S. GADSDEN ST., STE. 300
TALLAHASSEE, FL 32301

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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

U00000885870
 04/18/08-30031-009 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLARK, EDDIE 8340 MEADOW RD., STE. 226 DALLAS, TX 75231
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KLEIN, ROBERT 160 LAUGHING GULL LANE CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, FREDA 160 LAUGHING GULL LANE CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert Klein **ROBERT KLEIN** APRIL 3, 2008 ⁸⁵⁰ 697 9407

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #