

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N35972 1. Entity Name ST. JOHNS RIVER PARK PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business P. O. BOX 1044 OSTEEN FL 32764 US	Mailing Address P. O. BOX 1044 OSTEEN FL 32764 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E037 (10/05)

4. FEI Number 59-2355292	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GREGG, FRANK
1000 PINEY WOODS TRAIL
OSTEEN FL 32754

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS

TITLE	NAME	<input type="checkbox"/> Delete
DP	GREGG, FRANK	<input type="checkbox"/>
STREET ADDRESS	1000 PINEY WOODS TRL	
CITY-ST-ZIP	OSTEEN FL 32764	
DST	BLOUNT, JUDY	<input type="checkbox"/>
STREET ADDRESS	P O BOX 1044 N/A	
CITY-ST-ZIP	OSTEEN FL 32764	
VD	MIGLIORETTO, DICK	<input type="checkbox"/>
STREET ADDRESS	3312 GULFSTREAM RD	
CITY-ST-ZIP	ORLANDO FL	
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
	1000000452937	<input type="checkbox"/>
	03/13/06-80020-001 61.25	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Judy Blount **JUDY BLOUNT** 1-27-06 4073230319