


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # N35972


1. Entity Name
ST. JOHNS RIVER PARK PROPERTY OWNERS
ASSOCIATION, INC.



Principal Place of Business Mailing Address

P. O. BOX 1044 P. O. BOX 1044
OSTEEN, FL 32764 US OSTEEN, FL 32764 US

DO NOT WRITE IN THIS SPACE



01182008 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For
59-2355292 Not Applicable

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

6. Name and Address of Current Registered Agent

BURKE, JOHN J
350 SMITH ROAD
OSTEEN, FL 32764

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IN THIS SPACE**

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 _____ DATE _____
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, 2008**

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

01/30/08-80003-020 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURKE, JOHN J 350 SMITH ROAD OSTEEN, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOUNT, JUDY P O BOX 1044 N/A OSTEEN, FL 32764
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MIGLIORETTO, DICK 3312 GULFSTREAM RD ORLANDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WOODLEY, LUANNE 1090 PINEY WOODS TRAIL OSTEEN, FL 32764
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: *Luanne Woodley* 1-18-08 407-314-6852

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