

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35972

FILED  
Jan 28, 2009  
Secretary of State

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

**Current Principal Place of Business:**

P. O. BOX 1044  
OSTEEN, FL 32764 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1044  
OSTEEN, FL 32764 US

**New Mailing Address:**

FEI Number: 59-2355292      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BURKE, JOHN J  
350 SMITH ROAD  
OSTEEN, FL 32764 US

**Name and Address of New Registered Agent:**

WOODLEY, LUANNE  
1090 PINEY WOODS TRAIL  
OSTEEN, FL 32764 US

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: LUANNE WOODLEY      01/28/2009  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BURKE, JOHN J  
Address: 350 SMITH ROAD  
City-St-Zip: OSTEEN, FL 32764

Title: D ( ) Delete  
Name: BLOUNT, JUDY  
Address: P O BOX 1044 N/A  
City-St-Zip: OSTEEN, FL 32764

Title: VD ( ) Delete  
Name: MIGLIOROTTO, DICK  
Address: 3312 GULFSTREAM RD  
City-St-Zip: ORLANDO, FL

Title: DST ( ) Delete  
Name: WOODLEY, LUANNE  
Address: 1090 PINEY WOODS TRAIL  
City-St-Zip: OSTEEN, FL 32764

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: PELL, MARK  
Address: P.O. BOX 189  
City-St-Zip: OSTEEN, FL 32764

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUANNE WOODLEY      DST      01/28/2009  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date