



523
**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-29-2006 90140 002 ****61.25

DOCUMENT # N98000006782					
1. Entity Name JAMES ISLAND HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.					
Principal Place of Business 201 E. KENNEDY BLVD. SUITE 1460 TAMPA, FL 33602		Mailing Address 201 E. KENNEDY BLVD. SUITE 1460 TAMPA, FL 33602		50007049 	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 6320 St. Augustine Rd. Suite, Apt. #, etc. 12B			
City & State		City & State Jacksonville, FL		4. FEI Number 59-3546708	
Zip		Zip 32217		Country Duval	
6. Name and Address of Current Registered Agent JAMES R. DE FURIO, P.A. 201 E. KENNEDY BLVD. SUITE 1460 TAMPA, FL 33602				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRAMER, DAVID		NAME	Debbie Ferrandez	
STREET ADDRESS	7760 SHELTER WOOD COURT		STREET ADDRESS	7741 Sawtooth Ct	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERNANDEZ, DEBBIE		NAME	Gordon Mobley	
STREET ADDRESS	7741 SAWTOOTH CT		STREET ADDRESS	7620 Chipwood Ln	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	S	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSTEK, CHARLOTTE		NAME	Robert Droker	
STREET ADDRESS	7728 CHIPWOOD LN		STREET ADDRESS	7751 shelter wood Ct.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE	T	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOBLEY, GORDON		NAME	Katherine Pritchett	
STREET ADDRESS	7620 CHIPWOOD LN		STREET ADDRESS	7798 Burnt Oak Trail	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	Charlotte Sustek	
STREET ADDRESS			STREET ADDRESS	7728 chipwood Ln.	
CITY-ST-ZIP			CITY-ST-ZIP	Jacksonville, FL 32256	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Debbie Ferrandez</i>		Date: <i>1/23/06</i>		Daytime Phone #: <i>904 997-1632</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					