


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90042 047 ****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 6320 ST. AUGUSTINE RD # 6 B JACKSONVILLE, FL 32217	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 11555 Central Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite, 603	
City & State		City & State Jacksonville, FL	
Zip	Country	Zip	Country
		32224	
4. FEI Number 59-3546708		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		7. Name and Address of New Registered Agent	
JAMES R. DE FURIO, P.A. 201 E. KENNEDY BLVD. SUITE 1460 TAMPA, FL 33602		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 _____		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, 2007		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	P	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDEZ, DEBBIE	NAME	President Paula Davenport
STREET ADDRESS	7741 SAWTOOTH CT	STREET ADDRESS	7877 Turnstone Circle west
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	VP	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOBLEY, GORDON	NAME	VP Robert Droker
STREET ADDRESS	7620 CHIPWOOD LN	STREET ADDRESS	7761 Shelter wood CT
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	S	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSTEK, CHARLOTTE	NAME	S Debbie Fernandez
STREET ADDRESS	7728 CHIPWOOD LN	STREET ADDRESS	7741 Sawtooth CT
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	T	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOBLEY, GORDON	NAME	T Marc Jackson
STREET ADDRESS	7620 CHIPWOOD LN	STREET ADDRESS	7763 Burnt Oak Trail
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	D	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUSTEK, CHARLOTTE	NAME	D Felicia Walker
STREET ADDRESS	7728 CHIPWOOD LN	STREET ADDRESS	7664 Royal Crest Drive
CITY-ST-ZIP	JACKSONVILLE, FL 32256	CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	S	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITCHETT, KATHERINE	NAME	
STREET ADDRESS	7798 BURNT OAK TRL	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	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: <u>Paula Davenport</u>		Date: <u>4/11/07</u> Daytime Phone #: <u>642-1195 (904)</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

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