
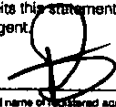
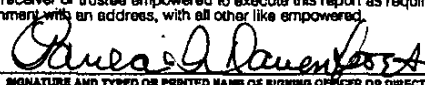


FILED
May 28, 2008 8:00 am
Secretary of State

05-28-2008 90016 016 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 11555 CENTRAL PKWY SUITE 603 JACKSONVILLE, FL 32224	
2. Principal Place of Business - No P.O. Box # 11555 Central Parkway Suite, Apt. #, etc. Suite 603 City & State Jacksonville, FL Zip 32224		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
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 JAMES R. DE FURIO, P.A. 201 E. KENNEDY BLVD. SUITE 1460 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name: Ron Cotterill Street Address (P.O. Box Number is Not Acceptable): 1010 N. Florida Ave City: Tampa FL Zip Code: 33602	
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:  Ronald E. Cotterill DATE: 4-22-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	DAVENPORT, PAULA		
STREET ADDRESS	7877 TURNSTONE CIRCLE WEST		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	DROKER, ROBERT		
STREET ADDRESS	7751 SHELTER WOOD CT.		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	S	<input checked="" type="checkbox"/> Delete	
NAME	FERNANDEZ, DEBBIE		
STREET ADDRESS	7741 SAWTOOTH CT.		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	T	<input type="checkbox"/> Delete	
NAME	JACKSON, MARC		
STREET ADDRESS	7783 BURNT OAK TRAIL		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	WALKER, FELICIA		
STREET ADDRESS	7864 ROYAL CREST DRIVE		
CITY-ST-ZIP	JACKSONVILLE, FL 32256		
TITLE		<input type="checkbox"/> Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Stephan Morrison		
STREET ADDRESS	7745 Chipwood Lane		
CITY-ST-ZIP	Jacksonville, FL 32256		
TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	John Stagliano		
STREET ADDRESS	7627 Chipwood Lane		
CITY-ST-ZIP	Jacksonville, FL 32256		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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: 		President 4/4/08 642-1195	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

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