

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006782

FILED
Apr 28, 2009
Secretary of State

Entity Name: JAMES ISLAND HOMEOWNERS ASSOCIATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

11555 CENTRAL PKWY
STE. 603
JACKSONVILLE, FL 32224

New Principal Place of Business:

4200 MARSH LANDING BLVD.
SUITE 200
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

11555 CENTRAL PKWY
SUITE 603
JACKSONVILLE, FL 32224

New Mailing Address:

4200 MARSH LANDING BLVD.
SUITE 200
JACKSONVILLE BEACH, FL 32250

FEI Number: 59-3546708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COTTERILL, RON
1010 N. FLORIDA AVE
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

LOVELAND, STEPHEN C
4200 MARSH LANDING BLVD.
SUITE 200
JACKSONVILLE BEACH, FL 32250 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: STEPHEN C. LOVELAND

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DAVENPORT, PAULA
Address: 7877 TURNSTONE CIRCLE WEST
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Delete
Name: DROKER, ROBERT
Address: 7751 SHELTER WOOD CT.
City-St-Zip: JACKSONVILLE, FL 32256

Title: S () Delete
Name: MORRISON, STEPHAN
Address: 7745 CHIPWOOD LANE
City-St-Zip: JACKSONVILLE, FL 32256

Title: T () Delete
Name: JACKSON, MARC
Address: 7763 BURNT OAK TRAIL
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DROKER, ROBERT
Address: 7751 SHELTER WOOD CT.
City-St-Zip: JACKSONVILLE, FL 32256

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

Title: T (X) Change () Addition
Name: STAGLIANO, JOHN
Address: 7627 CHIPWOOD LANE
City-St-Zip: JACKSONVILLE, FL 32256

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: PAULA DAVENPORT

P

04/28/2009

Electronic Signature of Signing Officer or Director

Date