


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 24, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90311 008 \*\*\*\*61.25

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| <b>DOCUMENT # N04000010659</b><br>1. Entity Name<br>PORT ST. JOHN OWNERS ASSOCIATION, INC.  |   |   |   |                                      |  |
| Principal Place of Business<br>2021 ART MUSEUM DR., STE. 210<br>JACKSONVILLE, FL 32207  |   |   |   | Mailing Address<br>2021 ART MUSEUM DR., STE. 210<br>JACKSONVILLE, FL 32207  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |   |   |  |
| City & State  |   | City & State  |   |   |  |
| Zip   | Country   | Zip   | Country   |   |  |
| 6. Name and Address of Current Registered Agent   |   |   |   | 7. Name and Address of New Registered Agent   |  |
| ANTONOPOULOS, MICHAEL<br>2021 ART MUSEUM DR., STE. 210<br>JACKSONVILLE, FL 32207  |   |   |   | Name<br>_____<br>Street Address (P.O. Box Number is Not Acceptable)<br>_____<br>City<br>_____<br>FL Zip Code<br>_____ |  |
| 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 _____ (NOTE: Registered Agent signature required when rechartering)<br>Signature, typed or printed name of registered agent and title if applicable. DATE _____   |   |   |   |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2005</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be</b><br><b>Added to Fees</b>  |  |
| Make check payable to<br><b>Florida Department of State</b>   |   |   |   |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | STD<br>ANTONOPOULOS, MICHAEL<br>2021 ART MUSEUM DR., STE. 210<br>JACKSONVILLE, FL 32207 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VD<br>FREEDMAN, CHRIS<br>106 TOURNAMENT RD.<br>PONTE VEDRA BEACH, FL 32082              |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | PD<br>FOX, JOHN III<br>4330 APPLETON AVE.<br>JACKSONVILLE, FL 32210                     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____  |   |   | 4/19/05 904-396-3539                                  |   |  |
| _____   |   |   | _____   |   |  |