

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010659

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: PORT ST. JOHN OWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

463499 SR 200  
YULEE, FL 32097 US

## New Principal Place of Business:

108 HOLLY BERRY LANE  
SAINT JOHNS, FL 32259 US

## Current Mailing Address:

P O BOX 1987  
YULEE, FL 320411987 US

## New Mailing Address:

PO BOX 600196  
SAINT JOHNS, FL 32260 US

FEI Number: 65-1236225

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT SYSTEMS, INC  
463499 SR 200  
YULEE, FL 32097 US

## Name and Address of New Registered Agent:

CURTIS & ASSOCIATES  
701 MARKET STREET  
UNIT 109  
ST. AUGUSTINE, FL 32095 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: BILL CURTIS

04/08/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: STD ( ) Delete  
Name: TABB, JEFF  
Address: 4745 SUTTON PARK SUITE #501  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: PD ( ) Delete  
Name: ANTZAKLIS, BETH  
Address: 4745 SUTTON PARK SUITE #501  
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VPD ( ) Delete  
Name: ECKENRODE, GEORGE  
Address: 4745 SUTTON PARK SUITE #501  
City-St-Zip: JACKSONVILLE, FL 32224 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ECKENRODE, GEORGE  
Address: 108 HOLLY BERRY LANE  
City-St-Zip: SAINT JOHNS, FL 32259 US

Title: TD (X) Change ( ) Addition  
Name: BERCKMILLER, HOLLY  
Address: 121 HOLLY BERRY LANE  
City-St-Zip: SAINT JOHNS, FL 32259 US

Title: SD (X) Change ( ) Addition  
Name: SPAULDING, RUSSELL  
Address: 136 HOLLY BERRY LANE  
City-St-Zip: SAINT JOHNS, FL 32259 US

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: HOLLY BERCKMILLER

TD

04/08/2008

Electronic Signature of Signing Officer or Director

Date