

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010659

FILED
Mar 09, 2009
Secretary of State

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

Current Principal Place of Business:

108 HOLLY BERRY LANE
SAINT JOHNS, FL 32259 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 600196
SAINT JOHNS, FL 32260 US

New Mailing Address:

FEI Number: 65-1236225

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SECR (X) Change () Addition
Name: STRICKLAND, PAM
Address: 8674 AUTUMN GREEN DR
City-St-Zip: JACKSONVILLE, FL 32256 US

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

Title: DIR () Change (X) Addition
Name: UNKEFER, JOHN
Address: 9957 MOORING DR. SUITE 504
City-St-Zip: MANDARIN, FL 32257 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

TREA

03/09/2009

Electronic Signature of Signing Officer or Director

Date