

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003978

**Entity Name:** JOHNS LANDING HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Apr 09, 2024**  
**Secretary of State**  
**8407558973CC**

**Current Principal Place of Business:**

C/O EMPIRE MANAGEMENT GROUP, INC  
801 N MAIN STREET  
KISSIMMEE, FL 34744

**Current Mailing Address:**

C/O EMPIRE MANAGEMENT GROUP, INC  
801 N MAIN STREET  
KISSIMMEE, FL 34744 US

**FEI Number: 59-3694501**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

EMPIRE MANAGEMENT GROUP, INC.  
C/O EMPIRE MANAGEMENT GROUP, INC  
801 N MAIN STREET  
KISSIMMEE, FL 34744 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: JOSE Riestra**

**04/09/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PORTER, CHARMAINE  
Address        C/O EMPIRE MANAGEMENT GROUP,  
                  INC  
                  801 N MAIN STREET  
City-State-Zip: KISSIMMEE FL 34744

Title            TREASURER  
Name            BROWN, GRAMEY  
Address        C/O EMPIRE MANAGEMENT GROUP,  
                  INC  
                  801 N MAIN STREET  
City-State-Zip: KISSIMMEE FL 34744

Title            DIRECTOR  
Name            WASHINGTON, STEVON  
Address        C/O EMPIRE MANAGEMENT GROUP,  
                  INC  
                  801 N MAIN STREET  
City-State-Zip: KISSIMMEE FL 34744

Title            VP  
Name            BERRY, WILLIAM  
Address        C/O EMPIRE MANAGEMENT GROUP,  
                  INC  
                  801 N MAIN STREET  
City-State-Zip: KISSIMMEE FL 34744

Title            DIRECTOR  
Name            KIRK, BRIAN  
Address        C/O EMPIRE MANAGEMENT GROUP,  
                  INC  
                  801 N MAIN STREET  
City-State-Zip: KISSIMMEE FL 34744

*I hereby 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 all other like empowered.*

**SIGNATURE: PORTER, CHARMAINE**

**PRESIDENT**

**04/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date