


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 726192
 1. Entity Name
ST. JOHNS ESTATES, INC.



Principal Place of Business Mailing Address
C/O RICHARD H MANN **C/O RICHARD H MANN**
2600 SHAD LN **2600 SHAD LN**
GENEVA, FL 32732 US **GENEVA, FL 32732 US**



04282006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-1740800 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MANN, RICHARD H
2600 SHAD LANE
GENEVA, FL 32732

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLACE, GEORGE 2616 SHAD LANE GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MANN, RICHARD H 2600 SHAD LN GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAZIER, GLENN 2323 BRAZIER PT GENEVA, FL 32732
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000549900
 05/12/06-80081-024 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Richard H Mann* 4.27.06 407-322-4854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #