

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90041 010 ****61.25

DOCUMENT # 731101

1. Entity Name
ST. JAMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
285 107TH AVENUE
LOBBY OFFICE BOX
TREASURE ISLAND, FL 33706-4719 US

Mailing Address
285 107TH AVENUE
LOBBY OFFICE BOX
TREASURE ISLAND, FL 33706-4719 US

44021741



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03222004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1903404

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCLELLAN, LACEY
285 107TH AVENUE
#801
TREASURE ISLAND, FL 33706

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **WHITE, WILLIAM**
STREET ADDRESS **285 102 AVE**
CITY-STATE-ZIP **TREASURE ISLAND, FL 33706**

TITLE **D** ☐ Change ☒ Addition
NAME **DUNK, ALICE**
STREET ADDRESS **285 107TH AVE**
CITY-STATE-ZIP **TREASURE ISLAND, FL 33706**

TITLE **DP** ☐ Delete
NAME **MCCLELLAN, LACEY**
STREET ADDRESS **285 107TH AVE SUITE 801**
CITY-STATE-ZIP **TREASURE ISLAND, FL 33706**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **SD** ☐ Delete
NAME **RUSSELL, BONNIE**
STREET ADDRESS **285 107TH AVE SUITE 502**
CITY-STATE-ZIP **TREASURE ISLAND, FL 33706**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **DT** ☐ Delete
NAME **BEYER, ROBERT J**
STREET ADDRESS **285 107TH AVE #709**
CITY-STATE-ZIP **TREASURE ISLAND, FL 33706**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D** ☐ Delete
NAME **HUGGINS, FRANK LOIS**
STREET ADDRESS **285 107TH AVE 501**
CITY-STATE-ZIP **SAINT PETERSBURG, FL 33706**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE **D VP** ☐ Delete
NAME **HETRICK, BENJAMIN**
STREET ADDRESS **285 107TH AVE 305**
CITY-STATE-ZIP **SAINT PETERSBURG, FL 33706**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

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: Robert J. Beyer **ROBERT J. BEYER**

3/24/04

727-367-35-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #