


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90192 006 ****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	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BEYER, ROBERT 285 107TH AVENUE # 709 TREASURE ISLAND, FL 33706				Name <u>WILLIAM WHITE</u> Street Address (P.O. Box Number is Not Acceptable) <u>285 107th AVE # 409</u> City <u>TREASURE ISLAND</u> FL Zip Code <u>33706</u>	
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 <u>William White</u>		Signature, typed or printed name of registered agent and title if applicable. <u>WILLIAM WHITE, TREASURER</u>		DATE <u>4/26/06</u> (NOTE: Registered Agent signature required when reinstating)	
Filing Fee Is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, WILLIAM 285 102 AVE, #409 TREASURE ISLAND, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WHITE, WILLIAM 285 107th AVE #409 TREASURE ISLAND FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WUNDER, RUTH 285 107TH AVE, # 301 TREASURE ISLAND, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIGLEY, GEORGE 285 107th AVE #509 TREASURE ISLAND FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, DOROTHY 285 107TH AVE, # 202 TREASURE ISLAND, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEYER, ROBERT J. 285 107th AVE #709 TREASURE ISLAND FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BEYER, ROBERT J 285 107TH AVE #709 TREASURE ISLAND, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HULBERT KEITH 285 107th AVE #209 TREASURE ISLAND FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNK, ALICE 285 107TH AVE, # 402 SAINT PETERSBURG, FL 33706		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HETRICK, BENJAMIN 285 107th AVE #409 TREASURE ISLAND FL 33706	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HETRICK, BENJAMIN 285 107TH AVE 305 SAINT PETERSBURG, FL 33706				
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: <u>William White</u>			Date <u>4-26-06</u> Daytime Phone # <u>727-582-5142</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

00011271



04082006 Chg-NP CR2E037 (11/05)

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

BEYER, ROBERT
285 107TH AVENUE
709
TREASURE ISLAND, FL 33706

Name WILLIAM WHITE
Street Address (P.O. Box Number is Not Acceptable) 285 107th AVE # 409
City TREASURE ISLAND FL Zip Code 33706

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

WILLIAM WHITE, TREASURER
(NOTE: Registered Agent signature required when reinstating)

4/26/06
DATE

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WHITE, WILLIAM
~~285 102 AVE, #409~~
TREASURE ISLAND, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
WUNDER, RUTH
285 107TH AVE, # 301
TREASURE ISLAND, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FISCHER, DOROTHY
285 107TH AVE, # 202
TREASURE ISLAND, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
BEYER, ROBERT J
285 107TH AVE #709
TREASURE ISLAND, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DUNK, ALICE
285 107TH AVE, # 402
SAINT PETERSBURG, FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HETRICK, BENJAMIN
~~285 107TH AVE 305~~
~~SAINT PETERSBURG, FL 33706~~

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
WHITE, WILLIAM
285 107th AVE #409
TREASURE ISLAND FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
QUIGLEY, GEORGE
285 107th AVE #509
TREASURE ISLAND FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BEYER, ROBERT J.
285 107th AVE #709
TREASURE ISLAND FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVP
HULBERT KEITH
285 107th AVE #209
TREASURE ISLAND FL 33706

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HETRICK, BENJAMIN
285 107th AVE #409
TREASURE ISLAND FL 33706

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: William White
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-26-06 Daytime Phone # 727-582-5142