2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731101

FILED Mar 30, 2009 Secretary of State

Entity Name: ST. JAMES HOMEOWNERS ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place of I	Business:
LOBBY OF	HAVENUE FFICE BOX RE ISLAND, FL 337064719 US		
Current N	/lailing Address:	New Mailing Address:	
LOBBY OF	HAVENUE FFICE BOX RE ISLAND, FL 337064719 US		
FEI Number	r: 59-1903404 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Current Registered Agent:	Name and Address of N	ew Registered Agent:
BEYER, R 285 107TH 709 TREASUF			
	e named entity submits this statement for the \parallel se of Florida.	urpose of changing its registered of	fice or registered agent, or both,
SIGNATU	RE:		
	Electronic Signature of Registered Ag	ent	Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES	TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	DT () Delete BEYER, ROBERT J 285 107TH AVE #709 TREASURE ISLAND, FL 33706	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	DS () Delete WUNDER, RUTH 285 107TH AVE, # 301 TREASURE ISLAND, FL 33706	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	DP () Delete CAMPBELL, KEITH 285 107TH AVE #705 TREASURE ISLAND, FL 33706	Title: () Name: Address: City-St-Zip:	Change () Addition
Title: Name: Address: City-St-Zip:	D () Delete QUIGLEY, GEORGE 285 107TH AVE #509 TREASURE ISLAND, FL 33706	Title: DVP (X) Name: QUIGLEY, GEOI Address: 285 107TH AVE City-St-Zip: TREASURE ISLA	#509
Title: Name: Address: City-St-Zip:	DVP () Delete HULBERT, KEITH 285 107TH AVE., #207 SAINT PETERSBURG, FL 33706	Name: MC CARTHY, FF Address: 285 107TH AVE.	
Title: Name: Address: City-St-Zip:	D () Delete KURCAB, MICHAEL 285 107TH AVE #503 TREASURE ISLAND, FL 33706	Title: () Name: Address: City-St-Zip:	Change () Addition

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: ROBERT J. BEYER DT 03/30/2009