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Secretary of State
02-21-2008 90014 040 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 753234

1. Entity Name
JOHNSON ARMS CONDOMINIUM ASSOCIATION, INC.

40028805

Principal Place of Business	Mailing Address
420 & 424 JOHNSON AVE. CAPE CANAVERAL, FL 32920	C/O J.H. SAPP 833 NICOLET AVE., STE. A WINTER PARK, FL 32789

02142008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	c/o D. KERCHER
Suite, Apt. #, etc.	Suite, Apt. #, etc. 420 JOHNSON AVE #2
City & State	City & State CAPE CANAVERAL FL
Zip / Country	Zip 32920 / Country

4. FEI Number 59-2027894 ☐ 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
SAPP, JAMES H 833 NICOLET AVE STE A2 WINTER PARK, FL 32789	Name DOROTHY E KERCHER Street Address (P.O. Box Number is Not Acceptable) 420 JOHNSON AVE UNIT 2 City CAPE CANAVERAL **FL** Zip Code 32920

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 Dorothy E Kercher DOROTHY E KERCHER, SEC/TREAS/DIR 2/18/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD AGRAMONTE, JEAN 230 E. LAUREN CT. MERRITT ISLAND, FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SAPP, JAMES H 382 LAKEVIEW STREET ORLANDO, FL 32804	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/TD KERCHER, DOROTHY E 420 JOHNSON AVE #2 CAPE CANAVERAL, FL 32920	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD EIFLER, GWENDOLYN H 2135 N COURTENAY PKWY., B-11 MERRITT ISLAND, FL 32953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABBOTT, CAROL 1500 EAST BOULEVARD MAITLAND, FL 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Dorothy E Kercher DOROTHY E. KERCHER 2/18/08 321-783-6596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #