


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90102 023 \*\*\*\*61.25

<b>DOCUMENT # 756423</b>	
1. Entity Name <b>ST. JUDE HARBOR, UNIT 2, PROPERTY OWNERS ASSOCIATION, INC.</b>	

Principal Place of Business <b>3831 STABILE RD ST. JAMES CITY FL 33956</b>	Mailing Address <b>3831 STABILE ROAD ST. JAMES CITY FL 33956 US</b>
---	--



2. Principal Place of Business <b>3331 Franzone Rd</b>	3. Mailing Address <b>3331 Franzone Rd</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State <b>St James City, FL</b>	City & State <b>St James City, FL</b>
Zip <b>33956</b>	Country <b>USA</b>

4. FEI Number <b>59-2123262</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>BODART, CAROL J 3831 STABILE ROAD ST. JAMES CITY FL 33956</b>	
---	--

7. Name and Address of New Registered Agent Name <b>John A. Kendall</b> Street Address (P.O. Box Number is Not Acceptable) <b>3331 Franzone Rd</b> City <b>St James City</b> FL Zip Code <b>33956</b>	
---	--

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 *John A. Kendall* **John A. Kendall, Treas. March 5, '06**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CERNICKY, JAREN P 3203 FRANZONE RD SAINT JAMES CITY FL 33956 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BODART, GORDON D 3831 STABILE RD SAINT JAMES CITY FL 33956 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALTOY, MARIAN 3272 STABILE RD SAINT JAMES CITY FL 33956 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BODART, CAROL J 3831 STABILE RD SAINT JAMES CITY FL 33956 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Paul Dinger 3423 Stabile Rd St James City, FL 33956</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>John A. Kendall 3331 Franzone Rd. St James City, FL 33956</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John A. Kendall* **John A. Kendall, Treas. 3-5-06** (239) 283-8175