


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90141 034 ****70.00

DOCUMENT # 757400 1. Entity Name JOHN'S PASS VILLAGE ASSOCIATION, INC.					
Principal Place of Business 150 JOHN'S PASS BOARDWALK MADEIRA BEACH, FL 33708			Mailing Address 150 JOHN'S PASS BOARDWALK MADEIRA BEACH, FL 33708		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 06-1638836	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HUBBARD, PATRICIA 150 JOHN'S PASS BOARDWALK MADEIRA BEACH, FL 33708				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	PD POKERNY, ALLEN 150 JOHN'S PASS BOARDWALK MADEIRA BEACH, FL 33708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MARK HUBBARD 150 John's Pass Boardwalk Madeira Beach FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, DEANNA 150 JOHN PASS BOARDWALK MADEIRA BEACH, FL 33708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. JEFF ANTOUS 150 John's Pass Boardwalk Madena Beach FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HUBBARD, PATRICIA 150 JOHN'S PASS BOARDWALK MADEIRA BEACH, FL 33708	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Sharmayn Er Fourth 150 John's Pass Boardwalk Madeira Beach FL 33708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POKORNY, ALLEN 150 JOHN'S PASS BOARDWALK MADEIRA BEACH, FL 33708	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LETOURNEAU, KELLEY 150 JOHN'S PASS BOARDWALK MADEIRA BEACH, FL 33708	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDOLE, KATHLEEN 150 128TH AVENUE MADEIRA BEACH, FL	<input type="checkbox"/> Delete		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 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: <i>Patricia Hubbard</i> Patricia Hubbard 4/8/05 727-397-8764 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					