
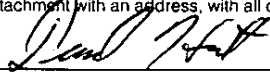


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90058 044 ****61.25

DOCUMENT # N00000003978 1. Entity Name JOHNS LANDING HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business COMMUNITY MANAGEMENT PROFESSIONALS INC. 5401 S. KIRKMAN RD, SUITE 450 ORLANDO, FL 32819			Mailing Address COMMUNITY MANAGEMENT PROFESSIONALS INC. 5401 S. KIRKMAN RD, SUITE 450 ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3694501	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 S. KIRKMAN RD SUITE 450 ORLANDO, FL 32819			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	D PANISS, MIKE <input checked="" type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	554 JOHNS LANDING WAY		NAME	SAM SHIPLEY	
STREET ADDRESS	WINTER GARDEN, FL 34787		STREET ADDRESS	505 JOHNS LANDING WAY	
CITY - ST - ZIP			CITY - ST - ZIP	OAKLAND, FL 34787	
TITLE	SD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FOSTER, SETH		NAME		
STREET ADDRESS	535 LARGOVISTA DRIVE		STREET ADDRESS		
CITY - ST - ZIP	OAKLAND, FL 34787		CITY - ST - ZIP		
TITLE	DP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERRY, BILLY		NAME		
STREET ADDRESS	431 LARED VISTA DR		STREET ADDRESS		
CITY - ST - ZIP	WINTER GARDEN, FL 34787		CITY - ST - ZIP		
TITLE	TD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KING, JOHN		NAME		
STREET ADDRESS	641 STRIHAL LOOP		STREET ADDRESS		
CITY - ST - ZIP	WINTER GARDEN, FL 34787		CITY - ST - ZIP		
TITLE	DVP <input type="checkbox"/> Delete		TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HART, DAVID		NAME	HART, DAVID	
STREET ADDRESS	715 REGINA CT		STREET ADDRESS	715 REGINA CT	
CITY - ST - ZIP	WINTER GARDEN, FL 34787		CITY - ST - ZIP	WINTER GARDEN, FL 34787	
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DREANO, FRANK JR		NAME		
STREET ADDRESS	426 LARGOVISTA DRIVE		STREET ADDRESS		
CITY - ST - ZIP	OAKLAND, FL 34787		CITY - ST - ZIP		
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:  DAVID HART					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 1/24/2008 Daytime Phone #: 407 905-9063	