## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0000003978

FILED Apr 06, 2010 Secretary of State

Entity Name: JOHNS LANDING HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

COMMUNITY MANAGEMENT PROFESSIONALS INC. 5401 S. KIRKMAN RD, SUITE 450 ORLANDO, FL 32819

Current Mailing Address:

**New Mailing Address:** 

COMMUNITY MANAGEMENT PROFESSIONALS INC. 5401 S. KIRKMAN RD, SUITE 450 ORLANDO, FL 32819

FEI Number: 59-3694501 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT PROFESSIONALS, INC. 5401 S. KIRKMAN RD SUITE 450 ORLANDO, FL 32819 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: I

Name: HART, DAVE
Address: 715 REGINA COURT
City-St-Zip: OAKLAND, FL 34787

Title: VP

Name: CORRIVEAU, BRIAN
Address: 709 LARGOVISTA DRIVE
City-St-Zip: OAKLAND, FL 34787

Title:

Name: KING, JOHN Address: 641 STRIHAL LOOP City-St-Zip: OAKLAND, FL 34787

Title: 5

Name: DELATTRE, KELLY
Address: 716 LARGOVISTA DRIVE
City-St-Zip: OAKLAND, FL 34787

Title:

Name: MOORE, CHRIS
Address: 809 CURA COURT
City-St-Zip: OAKLAND, FL 34787

Title: [

Name: CARR, SAM
Address: 815 CURA COURT
City-St-Zip: OAKLAND, FL 34787

I hereby 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 all other like empowered.

SIGNATURE: DAVE HART P 04/06/2010