# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 24, 2006**
**Secretary of State**

DOCUMENT# N01000000142

**Entity Name:** ST. JOHNS GOLF & COUNTRY CLUB COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

224 ST. JOHNS GOLF DRIVE
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LELAND MANAGEMENT
8009 S ORANGE AVE
ORLANDO, FL 32809

**New Mailing Address:**

224 ST JOHNS GOLF DRIVE
ST AUGUSTINE, FL 32092

**FEI Number: 59-3732426** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MARX, CHRISTINE M
245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202 US

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

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: PD ( ) Delete
Name: BROWN, S. MORGAN
Address: 224 ST. JOHNS GOLF DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VD ( ) Delete
Name: MAIER, DOUG
Address: 224 ST. JOHNS GOLF DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: STD ( ) Delete
Name: BOCK, ROSE
Address: 224 ST. JOHNS GOLF DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: MAIER, DOUG
Address: 224 ST JOHNS GOLF DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: VD (X) Change ( ) Addition
Name: PETKOSKI, BILL
Address: 224 ST. JOHNS GOLF DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD ( ) Change (X) Addition
Name: VON STEIN, NEAL
Address: 265 ST JOHNS GOLF DRIVE
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D ( ) Change (X) Addition
Name: HOHMANN, WILLIAM
Address: 919 EAGLE POINT DRIVE
City-St-Zip: ST AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARGARET STOREY CFO 03/24/2006

Electronic Signature of Signing Officer or Director — Date