

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001817

FILED
Mar 17, 2007
Secretary of State

Entity Name: ST. JAMES PLACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

175 KINGS HIGHWAY
BUILDING 9
PORT CHARLOTTE, FL 33983 US

New Principal Place of Business:

Current Mailing Address:

175 KINGS HIGHWAY
BUILDING 9, UNIT 928
PORT CHARLOTTE, FL 33983 US

New Mailing Address:

FEI Number: 65-1103691 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, FRANK D
175 KINGS HIGHWAY, UNIT 928
BUILDING 9
PORT CHARLOTTE, FL 33983 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: THOMPSON, FRANK
Address: 175 KINGS HIGHWAY UNIT 928
City-St-Zip: PORT CHARLOTTE, FL 33983 US

Title: SD () Delete
Name: CRANFORD, JOHN
Address: 175 KINGS HIGHWAY UNIT 918
City-St-Zip: PORT CHARLOTTE, FL 33983 US

Title: TD () Delete
Name: SAMPSON, KEITH
Address: 175 KINGS HIGHWAY UNIT 921
City-St-Zip: PORT CHARLOTTE, FL 33983 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: ALLEN, KATHERINE
Address: 175 KINGS HIGHWAY UNIT 938
City-St-Zip: PORT CHARLOTTE, FL 33983 US

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: FRANK D THOMPSON

PD

03/17/2007

Electronic Signature of Signing Officer or Director

_____ Date