


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90205 003 \*\*\*\*61.25

<b>DOCUMENT # N03000001803</b> 1. Entity Name <b>ST. JAMES PLACE COMMUNITY ASSOCIATION, INC.</b>					
Principal Place of Business <b>13119 PROFESSIONAL DR SUITE 200A JACKSONVILLE, FL 32225</b>			Mailing Address <b>13119 PROFESSIONAL DR SUITE 200A JACKSONVILLE, FL 32225</b>		
2. Principal Place of Business - No P.O. Box # <b>9191 R.G. SKINNER PKWY</b>		3. Mailing Address <b>9191 R.G. SKINNER PKWY</b>			
Suite, Apt. #, etc. <b>602</b>		Suite, Apt. #, etc. <b>602</b>			
City & State <b>JACKSONVILLE, FL</b>		City & State <b>JACKSONVILLE, FL</b>			
Zip <b>32256</b>		Country <b>USA</b>		4. FEI Number <b>02-0680748</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>LINDA F. TRAYLOR 13119 PROFESSIONAL DR. STE 200A JACKSONVILLE, FL 32225</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>9191 R.G. SKINNER PARKWAY SUITE 602</b>  City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32256</b>		
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>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAREN, MICHAEL E <input type="checkbox"/> Delete 4315 PABLO OAKS CT., STE. 1 JACKSONVILLE, FL 32224			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARDIN, JENNIFER L <input type="checkbox"/> Delete 4315 PABLO OAKS CT., STE. 1 JACKSONVILLE, FL 32224			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD FREDENHAGEN, SHARON W <input type="checkbox"/> Delete 4315 PABLO OAKS CT., STE. 1 JACKSONVILLE, FL 32224			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input 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	<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 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.					
<b>SIGNATURE:</b> <i>Linda F. Traylor</i> <b>CM</b>		<b>4-26-08</b>		<b>(904)221-8070</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

*Manager for St James Place*