2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 01, 2006 8:00 am Secretary of State DOCUMENT # N03000001953 05-01-2006 90289 013 ****61.25 ST. JOHN'S CENTER OWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address ONE SE 3RD AVENUE ONE SE 3RD AVENUE SUITE 3100 **SUITE 3100** MIAMI FL 33131 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 75-3112254 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TRACY, GRANVIL M Street Address (P.O. Box Number is Not Acceptable) ONE SE 3RD AVENUE **SUITE 3100 MIAMI FL 33131** City Zip Code 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 Signature, typed or printed frame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 THE ☐ Delete THE Change ☐ Addition TRACY, GRANVIL M NAME NAMI STREET ADDRESS ONE SE THIRD AVENUE, SUITE 3100 STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE DVST ☐ Delete TITLE ☐ Change Addition BROWN, JAMES S NAME STREET ADDRESS ONE SE 3RD AVENUE, SUITE 3100 STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP CITY-S1-ZIP Delete DS TITLE ☐ Change Addition CUDDY, JAMES MAME NAME STREET ADDRESS ONE SE 3RD AVENUE, SUITE 3100 STREET ADDRESS CITY-ST-7IP MIAMI FL 33131 CITY-ST-ZIP D۷ Delete TITLE ☐ Change ☐ Addition GENTRY, MICHAEL NAME STREET ADDRESS ONE SE THIRD AVENUE, SUITE 3100 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with the filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is fue 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:

4/20/06

FILED