

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000309

FILED
Feb 13, 2008
Secretary of State

Entity Name: JOHNS CREEK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

463499 SR 200
YULEE, FL 32097 US

New Principal Place of Business:

ONE SAN JOSE PLACE
SUITE 27
JACKSONVILLE, FL 32257 US

Current Mailing Address:

P O BOX 1987
YULEE, FL 320411987

New Mailing Address:

P O BOX 57911
JACKSONVILLE, FL 32241

FEI Number: 59-3251912

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT SYSTEMS, INC
463499 SR 200
YULEE, FL 32097 US

Name and Address of New Registered Agent:

STAZAC MANAGEMENT, INC.
ONE SAN JOSE PLACE
SUITE 27
JACKSONVILLE, FL 32257 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: LAUREN CARR

02/13/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FLESHER, TERRY
Address: 1556 WINDY WILLOW DR, W
City-St-Zip: ST AUGUSTINE, FL 32092

Title: VD () Delete
Name: BROWN, MIKE
Address: 433 JOHNS CREEK PARKWAY
City-St-Zip: ST AUGUSTINE, FL 32092

Title: SD () Delete
Name: WILLIAMS, KARIN
Address: 1011 AUTUMN DR
City-St-Zip: ST AUGUSTINE, FL 32092

Title: TD () Delete
Name: PAYNE, MEREDITH
Address: 558 JOHNS CREEK PARKWAY
City-St-Zip: ST AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: JOHNSON, SEAN
Address: 360 JOHNS CREEK PARKWAY
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D (X) Change () Addition
Name: WILLIAMS, KARIN
Address: 1011 AUTUMN DR
City-St-Zip: ST AUGUSTINE, FL 32092

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

I hereby certify that the information supplied with this filing does not qualify 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: LAUREN CARR

MGR.

02/13/2008

Electronic Signature of Signing Officer or Director

Date