2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400000309

FILED Apr 20, 2009 Secretary of State

Entity Name: JOHNS CREEK PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

ONE SAN JOSE PLACE 6972 LAKE GLORIA BLVD
SUITE 27 ORLANDO, FL 32809 US

JACKSONVILLE, FL 32257 US

Current Mailing Address: New Mailing Address:

P O BOX 57911 6972 LAKE GLORIA BLVD JACKSONVILLE, FL 32241 ORLANDO, FL 32809 US

FEI Number: 59-3251912 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STAZAC MANAGEMENT, INC.
ONE SAN JOSE PLACE
SUITE 27
JACKSONVILLE, FL 32257 US

FURLOW, REBECCA
6972 LAKE GLORIA BLVD.
ORLANDO, FL 32809 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: REBECCA FURLOW 04/20/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 DP
 (X) Change () Addition

 Name:
 FLESHER, TERRY
 Name:
 RAMSEY, DOUGLAS

 Address:
 1556 WINDY WILLOW DR, W
 Address:
 1597 WINDY WILLOW DRIVE W

City-St-Zip: ST AUGUSTINE, FL 32092 City-St-Zip: ST AUGUSTINE, FL 32092

 Title:
 VD
 () Delete
 Title:
 DV
 (X) Change () Addition

 Name:
 JOHNSON, SEAN
 Name:
 TAYLOR, JOSEPH L

Address: 360 JOHNS CREEK PARKWAY Address: 469 JOHNS CREEK PKWY
City-St-Zip: ST AUGUSTINE, FL 32092 City-St-Zip: ST AUGUSTINE, FL 32092

Title: D () Delete Title: DT (X) Change () Addition Name: WILLIAMS, KARIN Name: KELLER, BRIAN C

 Name:
 WILLIAMS, KARIN
 Name:
 KELLER, BRIAN C

 Address:
 1011 AUTUMN DR
 Address:
 2136 THORN HOLLOW CT

 City-St-Zip:
 ST AUGUSTINE, FL 32092
 City-St-Zip:
 ST AUGUSTINE, FL 32092

Title: TD (X) Delete Title: () Change () Addition

PAYNE, MEREDITH Name:
558 JOHNS CREEK PARKWAY Address:
ST AUGUSTINE, FL 32092 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: DOUGLAS RAMSEY DP 04/20/2009