2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006
Secretary of State

DOCUMENT# N04000010659

Entity Name: PORT ST. JOHN OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2021 ART MUSEUM DR., STE. 210
JACKSONVILLE, FL 32207

New Principal Place of Business:

463499 SR 200
YULEE, FL 32097 US

Current Mailing Address:

2021 ART MUSEUM DR., STE. 210
JACKSONVILLE, FL 32207

New Mailing Address:

P O BOX 1987
YULEE, FL 320411987 US

FEI Number: 65-1236225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANTONOPOULOIS, MICHAEL
2021 ART MUSEUM DR., STE. 210
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

PROPERTY MANAGEMENT SYSTEMS, INC
463499 SR 200
YULEE, FL 32097 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: TERRELL J POWELL 04/26/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: STD ( ) Delete
Name: ANTONOPOULOS, MICHAEL
Address: 2021 ART MUSEUM DR., STE. 210
City-St-Zip: JACKSONVILLE, FL 32207

Title: VD ( ) Delete
Name: FREEDMAN, CHRIS
Address: 106 TOURNAMENT RD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD ( ) Delete
Name: FOX, JOHN III
Address: 4330 APPLETON AVE.
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change ( ) Addition
Name: TABB, JEFF
Address: 4745 SUTTON PARK SUITE #501
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: PD (X) Change ( ) Addition
Name: ANTZAKLIS, BETH
Address: 4745 SUTTON PARK SUITE #501
City-St-Zip: JACKSONVILLE, FL 32224 US

Title: VPD (X) Change ( ) Addition
Name: ECKENRODE, GEORGE
Address: 4745 SUTTON PARK SUITE #501
City-St-Zip: JACKSONVILLE, FL 32224 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: BETH ANTZAKLIS PD 04/26/2006
Electronic Signature of Signing Officer or Director Date