

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010659

FILED
Apr 08, 2008
Secretary of State

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

Current Principal Place of Business:

463499 SR 200
YULEE, FL 32097 US

New Principal Place of Business:

108 HOLLY BERRY LANE
SAINT JOHNS, FL 32259 US

Current Mailing Address:

P O BOX 1987
YULEE, FL 320411987 US

New Mailing Address:

PO BOX 600196
SAINT JOHNS, FL 32260 US

FEI Number: 65-1236225

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:

CURTIS & ASSOCIATES
701 MARKET STREET
UNIT 109
ST. AUGUSTINE, FL 32095 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: BILL CURTIS

04/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: VPD () Delete
Name: ECKENRODE, GEORGE
Address: 4745 SUTTON PARK SUITE #501
City-St-Zip: JACKSONVILLE, FL 32224 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ECKENRODE, GEORGE
Address: 108 HOLLY BERRY LANE
City-St-Zip: SAINT JOHNS, FL 32259 US

Title: TD (X) Change () Addition
Name: BERCKMILLER, HOLLY
Address: 121 HOLLY BERRY LANE
City-St-Zip: SAINT JOHNS, FL 32259 US

Title: SD (X) Change () Addition
Name: SPAULDING, RUSSELL
Address: 136 HOLLY BERRY LANE
City-St-Zip: SAINT JOHNS, FL 32259 US

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: HOLLY BERCKMILLER

TD

04/08/2008

Electronic Signature of Signing Officer or Director

Date