

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000004990

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** OFFICES AT JOHNS CREEK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

12740 ATLANTIC BLVD - STE 7  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

648 S STONY PT RD  
SUTTONS BAY, MI 49682

**New Mailing Address:**

**FEI Number:** 20-3639519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOLEM, SCOTT R  
12740 ATLANTIC BLVD  
SUITE 7  
JACKSONVILLE, FL 32225 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** PST  
**Name:** SOLEM, SCOTT R  
**Address:** 648 S STONY PT RD  
**City-St-Zip:** SUTTONS BAY, MI 49682

**Title:** D  
**Name:** JACALONE, MARC A  
**Address:** 516 OLD GOVERNOR WAY  
**City-St-Zip:** SAINT AUGUSTINE, FL 32086

**Title:** D  
**Name:** IANNONE, ANTHONY  
**Address:** 113 NATURE WALK PKWY., STE.101  
**City-St-Zip:** ST. AUGUSTINE, FL 32092

I hereby 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 all other like empowered.

**SIGNATURE:** SCOTT R SOLEM

PRES

02/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date