2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006
Secretary of State

DOCUMENT# N05000005325

Entity Name: SAINT JAMES CITY MOBILE HOME PARK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2581 OLEANDER ST., BOX A-9
SAINT JAMES CITY, FL 33956

New Principal Place of Business:

Current Mailing Address:

2581 OLEANDER ST., BOX A-9
SAINT JAMES CITY, FL 33956

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SABELLA, CHRIS
2581 OLEANDER ST., BOX A-9
SAINT JAMES CITY, FL 33956 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: PD ( ) Delete
Name: SABELLA, CHRIS
Address: 2581 OLEANDER ST., BOX A-9
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: SD ( ) Delete
Name: PETERSON, JOANNE
Address: 2581 OLEANDER ST., BOX A-9
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: TD ( ) Delete
Name: GOETZ, MARK
Address: 2581 OLEANDER ST., BOX A-9
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: D ( ) Delete
Name: KING, JON
Address: 2581 OLEANDER ST., BOX A-9
City-St-Zip: SAINT JAMES CITY, FL 33956

Title: D ( ) Delete
Name: CLARK, BRUCE
Address: 17610 ORIOLE RD
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: CHRIS SABELLA PD 04/18/2006

Electronic Signature of Signing Officer or Director — Date