

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90366 014 \*\*\*\*70.00

**DOCUMENT # N06000007531**

1. Entity Name  
**ST. JOHN VILLAGE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business  
**1324 NW 3RD AVE  
MIAMI, FL 33136**

Mailing Address  
**1324 NW 3RD AVE  
MIAMI, FL 33136**

**40034063**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01052007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number

**56-2627595**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**LITTLE, JOHN  
LEGAL SERVICES OF GREATER MIAMI  
3000 BISCAYNE BLVD STE 500  
MIAMI, FL 33137**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **President** ☐ Delete  
NAME **David J. Alexander**  
STREET ADDRESS **6800 SW 75th Terrace**  
CITY-ST-ZIP **Miami, Florida 33143**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Vice President** ☐ Delete  
NAME **Hurlette R. Brown**  
STREET ADDRESS **830 NE 172 Terrace**  
CITY-ST-ZIP **N. Miami, Florida 33162**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary** ☐ Delete  
NAME **Susan Kelly**  
STREET ADDRESS **6911 SW 14th Street**  
CITY-ST-ZIP **Pembroke Pine, Florida 33023**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Treasurer** ☐ Delete  
NAME **Elaine Gordon**  
STREET ADDRESS **1520 NW 203rd Street**  
CITY-ST-ZIP **Miami, Florida 33169**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Director** ☐ Delete  
NAME **Henry E. Jones**  
STREET ADDRESS **2251 NW 93 Terrace**  
CITY-ST-ZIP **Miami, Florida 33147**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: Elaine Gordon ELAINE GORDON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**March 07, 2007 305-372-0682**

Date

Daytime Phone #