

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007531

FILED  
Apr 30, 2012  
Secretary of State

Entity Name: ST. JOHN VILLAGE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1622 NW 1ST AVENUE  
#A  
MIAMI, FL 33136

**New Principal Place of Business:**

**Current Mailing Address:**

1622 NW 1ST AVENUE  
#A  
MIAMI, FL 33136

**New Mailing Address:**

FEI Number: 56-2627595      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

PITTMAN, JASON B  
1622 NW 1ST AVENUE  
#10  
MIAMI, FL 33136 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: P  
Name: PITTMAN, JASON B  
Address: 1622 NW 1ST AVENUE #10  
City-St-Zip: MIAMI, FL 33136

Title: VP  
Name: CRAIG, LEE  
Address: 1622 NW 1ST AVENUE #5  
City-St-Zip: MIAMI, FL 33136

Title: T  
Name: HARRIS, ULTRINA  
Address: 1622 NW 1ST AVENUE #2  
City-St-Zip: MIAMI, FL 33136

Title: S  
Name: KENEEL, GEORGES  
Address: 1622 NW 1ST AVENUE #12  
City-St-Zip: MIAMI, FL 33136

Title: D  
Name: WILLIAMS, HOWARD  
Address: 1622 NW 1ST AVENUE #7  
City-St-Zip: MIAMI, FL 33136

Title: D  
Name: RODRIGUEZ, JAIME  
Address: 1622 NW 1ST AVENUE #9  
City-St-Zip: MIAMI, FL 33136

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: JASON PITTMAN

PD

04/30/2012

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

\_\_\_\_\_  
Date