2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008206

FILED Jan 17, 2008 Secretary of State

Entity Nan	ne: ST.JAM	IES PARK HOMEOWNERS AS	SOCIATION, INC.		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
741 NE 3RD STREET OCALA, FL 34470			5955 T.G. LEE BLVD SUITE #300 ORLANDO, FL 32822	2 US	
Current Ma	ailing Addre	ess:	New Mailing Addres	New Mailing Address:	
741 NE 3R OCALA, FL	D STREET . 34470		5955 T.G. LEE BLVD SUITE #300 ORLANDO, FL 32822	2 US	
FEI Number:	26-0372663	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
ANDREWS, LAN 741 NE 3RD STREET OCALA, FL 34470 US			C/O LELAND MANAG 5955 T. G. LEE BLVD	FURLOW, REBECCA C/O LELAND MANAGEMENT, INC. 5955 T. G. LEE BLVD, SUITE #300 ORLANDO, FL 32822 US	
The above in the State		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE: REBEC	CA FURLOW		01/17/2008	
	Electro	nic Signature of Registered Age	ent	Date	
OFFICERS	AND DIRE	CTORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P/S (ANDREWS, L 741 NE 3RD S OCALA, FL 3	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP/T (PLUNKETT, C 741 NE 3RD \$ OCALA, FL 3	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BATTEN, HAR 741 NE 3RD S OCALA, FL 3	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LAN ANDREWS P/S 01/17/2008