



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90009 030 ****70.00

DOCUMENT # N07199 1. Entity Name ST. JOHNS LANDING OWNERS ASSOCIATION, INC.					
Principal Place of Business 11431 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225			Mailing Address P O BOX 350152 JACKSONVILLE, FL 32235-0152 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01132006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2605096	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FEATHERSTON, JOHN C 4924 MAYBANK WAY JACKSONVILLE, FL 32225			7. Name and Address of New Registered Agent Name DAVE BUCHMAN Street Address (P.O. Box Number is Not Acceptable) 11450 KINGSLEY MANOR WAY City JACKSONVILLE FL Zip Code 32225		
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 <i>DAVE BUCHMAN</i> DAVE BUCHMAN 1-13-2006 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <input type="checkbox"/> 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 NAME STREET ADDRESS CITY-ST-ZIP	D PIPER, WILLIAM R 4926 MOTOR YACHT DRIVE JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COSTER, SCOTT 4933 MOTOR YACHT DRIVE JACKSONVILLE, FL 32225
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCHMAN, DAVE 11450 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HOWARD, KIRK 4939 WILD HERON WAY JACKSONVILLE, FL 32225
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FEATHERSTON, JOHN 4924 MAYBANK WAY JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZ, EVELYN 4863 OUTRIGGER DRIVE JACKSONVILLE, FL 32225
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, SARAH 11379 MOTOR YACHT DRIVE JACKSONVILLE, FL 32225	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, TOM 4841 MOTOR YACHT DRIVE JACKSONVILLE, FL 32225
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>DAVE BUCHMAN</i> DAVE BUCHMAN 1-13-2006 (904) 565-1979 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					