2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
2007 DEC 26 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/13/2007-90021-048-$61.25 $61.25

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10/23/07--01025--021 **175.00

DOCUMENT # N07199

1. Entity Name
ST. JOHNS LANDING OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11431 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225	P O BOX 350152 JACKSONVILLE, FL 32235-0152 US

REINSTATEMENT

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-2605096
☐ Applied For ☐ Not Applicable

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
BUCHMAN, DAVID 11450 KINGLSEY MANOR WAY JACKSONVILLE, FL 32225	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

D A Buchman, President

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 Marge Stewart, Treasurer 11/13/2007
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 September 14, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COSTER, SCOTT 4933 MOTOR YACHT DRIVE JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lou Denicola (M) 4976 Maybank Way Jacksonville, Fl 32225 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BUCHMAN, DAVE (President) 11450 KINGSLEY MANOR WAY JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Donald Morse 4860 Wild Heron Way (Vice President) Jacksonville, Fl 32225 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOWARD, KIRK 4439 WILD HERON WAY JACKSONVILLE, FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marge Stewart 4939 Motor yacht Dr. (Treasurer) Jacksonville Fl 32225 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D3 CRUZ, EVELYN 4863 OUTRIGGER DRIVE JACKSONVILLE, FL 32225	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jackie Sullivan (M) 4934 Wild Heron Way Jacksonville, Fl 32225 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ANDERSON, SARAH 11379 MOTOR YACHT DRIVE JACKSONVILLE, FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Marge Hackbart 4856 Wild Heron Way Jacksonville, Fl 32225 (Secretary) ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCLAUGHLIN, TOM 4841 MOTOR YACHT DRIVE JACKSONVILLE, FL 32225	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ed Jack (M) 4855 Motor Yacht Dr. Jacksonville, Fl 32225 ☑ Change ☐ 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: Margaret L. Stewart (Margaret L. Stewart) 8/9/2007 904-874-2263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #