

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07199

FILED
Mar 06, 2009
Secretary of State

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

Current Principal Place of Business:

4860 WILD HERON WAY
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

P O BOX 350152
JACKSONVILLE, FL 322350152 US

New Mailing Address:

FEI Number: 59-2605096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOREE, DONALD
4860 WILD HERON WAY
JACKSONVILLE, FL 32225 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: SD () Delete
Name: COSTER, SCOTT
Address: 4933 MOTOR YACHT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: P () Delete
Name: MOREE, DONALD
Address: 4860 WILD HERON WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: VP () Delete
Name: MOREE, DONALD
Address: 4860 WILD HERON WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: D3 () Delete
Name: CRUZ, EVELYN
Address: 4863 OUTRIGGER DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

Title: T (X) Delete
Name: STEWART, MARGE
Address: 4939 MOTOR YACHT DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: S (X) Delete
Name: SULLIVAN, JACKIE
Address: 4934 WILD HERON WAY
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: STEWART, MARGE
Address: 4939 MOTOR YACHT DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: DENICOLA, LOU
Address: 4976 MAYBANK WAY
City-St-Zip: JACKSONVILLE, FL 32225

Title: T (X) Change () Addition
Name: CASTIGLIONE, ANTHONY
Address: 4832 MOTOR YACHT DR
City-St-Zip: JACKSONVILLE, FL 32225

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANTHONY CASTIGLIONE

T

03/06/2009

Electronic Signature of Signing Officer or Director

Date