

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 05, 2009
Secretary of State**

DOCUMENT# N08840

Entity Name: THE 2931 ST. JOHNS AVENUE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2931 ST JOHNS AVE
#3
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

2931 ST JOHNS AVE
#3
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 59-2390758 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEEMS, PAT
2931 ST. JOHNS AVE #3
JACKSONVILLE, FL 32205 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: PVPD () Delete
Name: PULLEN, CAROL
Address: 2931 ST. JOHNS AVE. #3
City-St-Zip: JACKSONVILLE, FL 32205

Title: VPD () Delete
Name: TEEMS, PAT
Address: 2931 ST JOHNS AVE #3
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPD (X) Change () Addition
Name: PULLEN, CAROL
Address: 2931 ST. JOHNS AVE. #5
City-St-Zip: JACKSONVILLE, FL 32205

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: PAT TEEMS

Electronic Signature of Signing Officer or Director

VPD

01/05/2009

Date