

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N16297**

1. Entity Name

ST. JOHNS WOOD OWNERS ASSOCIATION, INC.



Principal Place of Business

C/O SAM BLANDFORD  
3011 ST. JOHNS AVE  
JACKSONVILLE FL 32205

Mailing Address

C/O SAM BLANDFORD  
3011 ST. JOHNS AVE  
JACKSONVILLE FL 32205



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

Zip

Country

Zip

Country

4. FEI Number

59-2725545

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

BLANDFORD, SAM  
3011 ST. JOHNS AVE  
JACKSONVILLE FL 32205

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature is required when re-registering)

DATE

**FILE NOW FEE IS \$61.25**  
**Due By May 1, 2008**

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 PD ☐ Delete  
NAME BLANDFORD, SAM  
STREET ADDRESS 3011 ST JOHNS AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ Change ☐ Addition  
NAME U00000904350  
STREET ADDRESS 05/01/08-80009-010 61.25  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME GRAHAM, PHYLIS  
STREET ADDRESS 3009 ST. JOHNS AVE  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME FREEMAN, LESLIE A  
STREET ADDRESS 3005 ST JOHNS AVENUE  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Phyllis W. Graham*

3/20/08 3845157