


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N33113 1. Entity Name ST. JAMES PLACE HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 2258 DIXIE LEE CT ST JAMES CITY, FL 33956 US	Mailing Address 2258 DIXIE LEE CT ST JAMES CITY, FL 33956 US
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04192007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0206262	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BRINSON, MELVILLE G., III 2228 PALM AVENUE ST. JAMES CITY, FL 33956

**DO NOT WRITE
IN THIS SPACE**

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 required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BRINSON, MELVILLE G JR 2242 & 2244 PALM AVE SAINT JAMES CITY, FL 33956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, JAY R 2258 DIXIE LEE CT SAINT JAMES CITY, FL 33956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLAPP, THOMAS 2270 DIXIE LEE CT ST. JAMES CITY, FL 33956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARNER, FAIGLE 2272 DIXIE LEE CT SAINT JAMES CITY, FL 33956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GULLIVER, PATRICIA 2230 PALM AVE. SAINT JAMES CITY, FL 33956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/03/07-80019-015 61.25

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IN THIS SPACE**

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: JAY R JOHNSON JAY R JOHNSON 4/19/07 239-283-8156
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #