

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38322 (6)
1. Corporation Name
ST. JOHN'S WOOD HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**405 RUTH JENNINGS DR
DEBARY FL 32713
US**

Mailing Address
**405 RUTH JENNINGS DR
DEBARY FL 32713
US**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/25/1990		3a. Date of Last Report 05/11/1995	
21		26		4. FEI Number 59-3100064		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Zip					
24		29					
Country		Country					
25		30					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)		82 Street Address (P.O. Box Number is Not Acceptable)	
83		83	
84 City		84 City	
85 Zip Code		85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARCHUK, MITCHELL	1.2 NAME	
STREET ADDRESS	370 RUTH JENNINGS DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIUNNO, GARY	2.2 NAME	
STREET ADDRESS	355 RUTH JENNINGS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARTMAN, NEAL	3.2 NAME	Keck, Cynthia A.
STREET ADDRESS	405 RUTH JENNINGS DR	3.3 STREET ADDRESS	375 Ruth Jennings Dr.
CITY-ST-ZIP	DEBARY FL	3.4 CITY-ST-ZIP	DeBary, FL 32713
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EKALO, SUSAN	4.2 NAME	Hart
STREET ADDRESS	24 KEEBLE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEBARY FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Hartman, Neal
STREET ADDRESS		5.3 STREET ADDRESS	405 Ruth Jennings Dr.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	DeBary, FL 32713
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mitchell Barchuk Mitchell Barchuk 4-27-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Daytime Phone #: 407-668-1202

CR2E037 (12/95)