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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 370 RUTH JENNINGS DR DEBARY FL 32713-4743 US
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2. Principal Place of Business 21 PO Box 461		2a. Mailing Address 26 P.O. Box 461		3. Date Incorporated or Qualified 05/25/1990	3a. Date of Last Report 05/01/1996
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number 59-3100064	Applied For <input type="checkbox"/> Not Applicable
23 City & State DeBary FL		28 City & State DeBary, FL		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip 32713		29 Zip 32713		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 Country Volusia		30 Country Volusia		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent HARTMAN, NEAL L 405 RUTH JENNINGS DR. DEBARY, 32713		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code FL	

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	BARCHUK, MITCHELL <input checked="" type="checkbox"/> DELETE	1.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BARCHUK, MITCHELL		1.2 NAME Jeff Hanks	
STREET ADDRESS 370 RUTH JENNINGS DR		1.3 STREET ADDRESS 28 Keeble Ave	
CITY-ST-ZIP DEBARY FL		1.4 CITY-ST-ZIP DeBary, FL 32713	
TITLE VD	BIUNNO, GARY <input checked="" type="checkbox"/> DELETE	2.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BIUNNO, GARY		2.2 NAME Jayne Poplin	
STREET ADDRESS 355 RUTH JENNINGS DRIVE		2.3 STREET ADDRESS 16 Keeble Ave	
CITY-ST-ZIP DEBARY FL		2.4 CITY-ST-ZIP DeBary, FL 32713	
TITLE TD	RECK, CYNTHIA A. <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RECK, CYNTHIA A.		3.2 NAME	
STREET ADDRESS 375 RUTH JENNINGS DR		3.3 STREET ADDRESS	
CITY-ST-ZIP DEBARY FL		3.4 CITY-ST-ZIP	
TITLE SD	EKALO, SUSAN <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EKALO, SUSAN		4.2 NAME	
STREET ADDRESS 24 KEEBLE AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP DEBARY FL		4.4 CITY-ST-ZIP	
TITLE D	HARTMAN, NEAL <input type="checkbox"/> DELETE	5.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARTMAN, NEAL		5.2 NAME Hartman, Neal	
STREET ADDRESS 405 RUTH JENNINGS DR		5.3 STREET ADDRESS 405 Ruth Jennings Dr.	
CITY-ST-ZIP DEBARY FL		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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James Poplin* REQUIRED **4/29/97** (607) 333-5035
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013083

CR2E037 (9/96)