

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38322

1. Corporation Name
ST. JOHN'S WOOD HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business
P O BOX 461
DEBARY FL 32713
US

Mailing Address
P O BOX 461
DEBARY FL 32713
US

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90018 016 ****61.25

0013005



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/25/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3100064
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
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 FL
		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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD HANKS, JEFF 28 KEEBLE AVE DEBARY FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD POPLIN, JAYNE 16 KEEBLE AVE DEBARY FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD HARTMAN, NEAL 405 RUTH JENNINGS DR DEBARY FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PD JOHN POPLIN 16 KEEBLE AVE DEBARY, FL. 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	T CHARLES J. MCRae 388 RUTH JENNINGS DR DEBARY, FL. 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	VD RICH VOITEL 19 KEEBLE AVE DEBARY, FL. 32713 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I 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, with all other like empowered.

SIGNATURE: CHARLES J. MCRae

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 (407) 668-1554

Date

Daytime Phone #

CR2E037-1(1:198)