2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # N38322

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

Principal Place of Business	Mailing Address
P O BOX 530461 DEBARY, FL 32713 US	P O BOX 530461 DEBARY, FL 32713 US

04172006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3100064
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ASSON, DAVE
366 RUTH JENNINGS DR
DEBARY, FL 32713

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ASSON, DAVE
STREET ADDRESS	366 RUTH JENNINGS DR
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	S
NAME	FUDGE, JOAN
STREET ADDRESS	15 KEEBLE AVE
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	T
NAME	MCRAE, CHARLES J
STREET ADDRESS	386 RUTH JENNINGS DR
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	D
NAME	WHITSON, H. ALLEN
STREET ADDRESS	405 RUTH JENNINGS DRIVE
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	VD
NAME	POPLIN, JOHN
STREET ADDRESS	16 KEEBLE AVE
CITY-ST-ZIP	DEBARY, FL 32713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/04/06-80007-008 61.25

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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: CHARLES J. MCRAE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06
Date

386-668-1554
Daytime Phone #