

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N38322

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



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

Mailing Address
**P O BOX 530461
DEBARY, FL 32713 US**



04092007 No Chg-NP

CR2E037 (4/06)

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**

**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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASSON, DAVE 366 RUTH JENNINGS DR DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FUDGE, JOAN 15 KEEBLE AVE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCRAE, CHARLES J 388 RUTH JENNINGS DR DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITSON, H. ALLEN 405 RUTH JENNINGS DRIVE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POPLIN, JOHN 16 KEEBLE AVE DEBARY, FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000703175
04/20/07-80128-024 61.25

**DO NOT WRITE
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: CHARLES J. MCRAE-TREMBLIER *C. McRae* 4/9/07 386-668-1554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #