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May 08 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N50603 (2)

1. Corporation Name

ST. JOHNS WOODS OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O J&M ASSOCIATES, IN.  
1503 OAK STREET  
JACKSONVILLE FL 32204  
USC/O J&M ASSOCIATES, IN.  
1503 OAK STREET  
JACKSONVILLE FL 32204-3910  
US3. Date Incorporated or Qualified  
08/27/19923a. Date of Last Report  
04/10/19964. FEI Number  
59-3153926Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

J & M ASSOCIATES, INC.  
1503 OAK STREET  
JACKSONVILLE FL 32204

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 DO ☐ DELETE  
NAME VANDYKE, LEON  
STREET ADDRESS 3343 SHAUNA OAKS CIRCLE E  
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE DP ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE DV ☒ DELETE  
NAME COLON, TONY  
STREET ADDRESS 3418 TURKEY OAKS DR W  
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE DS ☐ Change ☒ Addition  
2.2 NAME Wesley Wheeler  
2.3 STREET ADDRESS 3447 Majestic Oaks Dr.  
2.4 CITY-ST-ZIP JAX. FL. 32211TITLE DST ☐ DELETE  
NAME SCHUMAN, DAWN  
STREET ADDRESS 8501 MAJESTIC OAKS DR S  
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE DV ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE DT ☐ Change ☒ Addition  
4.2 NAME Helen Ludwig  
4.3 STREET ADDRESS 3528 Majestic Oaks Dr.  
4.4 CITY-ST-ZIP JAX. FL. 32211TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE DS ☐ Change ☒ Addition  
5.2 NAME Stephanie Setser  
5.3 STREET ADDRESS 3521 Majestic Oaks Dr.  
5.4 CITY-ST-ZIP JAX. FL. 32211TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0004570

CR2E037 (9/96)