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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N50603** (2)
1. Corporation Name

ST. JOHNS WOODS OWNERS ASSOCIATION, INC.

Principal Place of Business C/O J&M ASSOCIATES, INC. 1503 OAK STREET JACKSONVILLE FL 32204 US	Mailing Address C/O J&M ASSOCIATES, INC. 1503 OAK STREET JACKSONVILLE FL 32204 US
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3. Date Incorporated or Qualified

08/27/1992

4. FEI Number

59-3153926

Applied For

Not Applicable

2. Principal Place of Business
21 10036 Sawgrass Drive

Suite, Apt. #, etc.

22 Suite 3

City & State

23 Ponte Vedra Beach, FL

Zip

24 32082

Country

25 USA

2a. Mailing Address

26 P.O. Box 1159

Suite, Apt. #, etc.

27

City & State

28 Ponte Vedra Beach, FL

Zip

29 32004

Country

30 USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Munch, Donald

82 Street Address (P.O. Box Number is Not Acceptable)

Four Seasons Management

83

10036 Sawgrass Drive

84 City

Ponte Vedra Beach, FL

85 Zip Code

32082

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 **Donald Munch**

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

(NOTE: Registered Agent signature required when reinstating)

2-19-98

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **DO**
NAME **VANDYKE, LEON**
STREET ADDRESS **3343 SHAUNA OAKS CIRCLE E**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DS**
NAME **WHEELER, WESLEY**
STREET ADDRESS **3497 MAJESTIC OAKS DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DST**
NAME **SCHUMAN, DAWN**
STREET ADDRESS **8501 MAJESTIC OAKS DR S**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **DT**
NAME **LUDWIG, HELEN**
STREET ADDRESS **3528 MAJESTIC OAKS DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **VP**
NAME **SETSER, STEPHANIE**
STREET ADDRESS **3521 MAJESTIC OAKS DR**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **B**
1.2 NAME **Juan Glover**
1.3 STREET ADDRESS **3372 Shauna Oaks Cir E**
1.4 CITY-ST-ZIP **Jax, FL**

2.1 TITLE **D**
2.2 NAME **Jonathan George**
2.3 STREET ADDRESS **3340 Shauna Oaks Circle E**
2.4 CITY-ST-ZIP **Jax, FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS

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.

SIGNATURE:

Leon A Van Dyke, LEON A. VAN DYKE, 3-11-98, (904)743-7312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0004458

CR2E037 (10/97)