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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N50603

1. Corporation Name

ST. JOHNS WOODS OWNERS ASSOCIATION, INC.

Principal Place of Business

10036 SAWGRASS DR
STE 3
PONTE VEDRA BCH FL 32082
US

Mailing Address

P O BOX 1159
PONTE VEDRA BCH FL 32004
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

08/27/1992

4. FEI Number

59-3153926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MUNCH, DONALD
FOUR SEASONS MANAGEMENT
10036 SAWGRASS DR
PONTE VEDRA BCH FL 32082

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

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

TITLE D ☐ DELETE
NAME GEORGE, JONATHAN
STREET ADDRESS 3360 SHAUNA OAKS CIR E
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE
NAME GLOVER, JUAN
STREET ADDRESS 3372 SHAUNA OAKS CIR E
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE VP ☒ DELETE
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 VP ☐ Change ☒ Addition
1.2 NAME Fundy Caraballo
1.3 STREET ADDRESS 8613 Shauna Oaks Circle S.
1.4 CITY-ST-ZIP Jacksonville, FL. 32277

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Leon Vandyke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-99

CR2E037 (11/98)