


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 08:00-AT**  
**Secretary of State**

<b>DOCUMENT # N50603</b>	
1. Entity Name ST. JOHNS WOODS OWNERS ASSOCIATION, INC.	

Principal Place of Business 3440 TURKEY OAKS DR JACKSONVILLE, FL 32277 US	Mailing Address P.O. BOX 8703 JACKSONVILLE, FL 32239
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03142006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3153926	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

POCOPANNI, HANK J  
3440 TURKEY OAKS DR  
JACKSONVILLE, FL 32277

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAME, RICK 8524 TURKEY OAKS DRIVE S JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUDWIG, HELEN 3528 MAJESTIC OAKS DR JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MYERS, CINDY 3485 SHAUNA OAKS DRIVE JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JIGGS, JOSE 3413 SHAUNA OAKS DR JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POCOPANNI, HANK 3440 TURKEY OAKS DRIVE S JACKSONVILLE, FL 32277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000534826  
05/08/06-80028-002 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:**  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date: 4/11/06 Days/Time Phone #: 904-363-9000