


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State


01-25-2007 90041 027 ****61.25

DOCUMENT # N94000001356	
1. Entity Name ST. JOHNS PLANTATION HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 101 AUTUMN PLACE PONTE VEDRA BEACH, FL 32082 US	Mailing Address P.O. BOX 494 PONTE VEDRA BEACH, FL 32004 US
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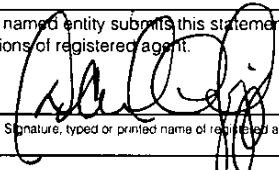
2. Principal Place of Business - No P.O. Box # <u>124 Natures Way</u>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <u>Ponte Vedra Beach, FL</u>	City & State
Zip <u>32082</u>	Country <u>USA</u>

	
01032007 Chg-NP	CR2E037 (12/06)
4. FEI Number 59-3233895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

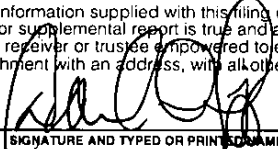
6. Name and Address of Current Registered Agent	
KELLY, ROBERT W 101 AUTUMN PL PONTE VEDRA BEACH, FL 32082	

7. Name and Address of New Registered Agent	
Name <u>David Lizzio</u>	
Street Address (P.O. Box Number is Not Acceptable)	
<u>124 Natures Way</u>	
City <u>Ponte Vedra Beach</u>	FL <u>32082</u>

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 	DATE <u>Jan. 3, 2007</u>
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT KELLY, ROBERT 101 AUTUMN PLACE PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVID LIZZIO 124 NATURES WAY PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LIZZIO, DAVE 124 NATRUES WAY PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ROGER WILSON 121 NATURES WAY PONTE VEDRA BEACH, FL 32082 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WILSON, ROGER 121 NATURES WAY PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LINDA TRAYLOR 137 NATURES WAY PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.	
SIGNATURE: 	DATE <u>Jan. 3, 2007</u> DAYTIME PHONE # <u>904-280-3883</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	