2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

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Entity Name: JOHNS CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4003 HARTLEY RD
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

4003 HARTLEY RD
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 59-3251912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIGNATURE REALTY & MGMT., INC., BRYAN C.
4003 HARTLEY RD
JACKSONVILLE, FL 32257 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: AKRIDGE, KENNY
Address: 13094 HARBORTON DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: DT ( ) Delete
Name: PERRY, BILL
Address: 12957 CHETS CREEK DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: DVP ( ) Delete
Name: HOWARD, REBECCA
Address: 12892 CHATS CREEK DR N
City-St-Zip: JACKSONVILLE, FL 32224

Title: DS (X) Delete
Name: STEPHENS, JOHNNY
Address: 13046 BRIANS CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete
Name: PUTNAM, DAVE
Address: 13029 CHETS CREEK DRIVE S
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: STEPHENS, JOHNNY
Address: 13046 BRIANS CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32224

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNY AKERIDGE DP 03/02/2009

Electronic Signature of Signing Officer or Director — Date