# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 30, 2009**
**Secretary of State**

DOCUMENT# N94000005075

**Entity Name:** POINT ST. JOHNS COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

DON BROWN
4383 JIGGERMAST AVE
JACKSONVILLE, FL 32277 US

**New Principal Place of Business:**

4382 JIGGERMAST AVE
JACKSONVILLE, FL 32277 US

**Current Mailing Address:**

4390 JOFFERMAST AVE.
JACKSONVILLE, FL 32277 US

**New Mailing Address:**

4382 JIGGERMAST AVE
JACKSONVILLE, FL 32277 US

**FEI Number: 59-3326449** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILCOX, N. ERIC
4390 JIGGERMAST AVE
JACKSONVILLE, FL 32277 US

**Name and Address of New Registered Agent:**

FANTINE, JOSEPH
4382 JIGGERMAST AVE
JACKSONVILLE, FL 32277 US

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: JOSEPH FANTINE 04/30/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete
Name: DELENA, ROSEANNA
Address: 5470 CUTWATER LANE
City-St-Zip: JACKSONVILLE, FL 32277

Title: VPD ( ) Delete
Name: BROWN, DON
Address: 4383 JIGGERMAST AVE.
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD ( ) Delete
Name: WILLARD, DAVID
Address: 4433 JIGGERMAST AVE.
City-St-Zip: JACKSONVILLE, FL 32277

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition
Name: BENHAM, JON
Address: 4387 JIGGERMAST AVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: VPD (X) Change ( ) Addition
Name: MILLIET, SCOTT
Address: 4395 JIGGERMAST AVE.
City-St-Zip: JACKSONVILLE, FL 32277

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: JOSEPH FANTINE PRES 04/30/2009
Electronic Signature of Signing Officer or Director Date