

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N94000005075

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

4382 JIGGERMAST AVE  
JACKSONVILLE, FL 32277 US

**New Principal Place of Business:**

**Current Mailing Address:**

4382 JIGGERMAST AVE  
JACKSONVILLE, FL 32277 US

**New Mailing Address:**

**FEI Number:** 59-3326449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FANTINE, JOSEPH  
4382 JIGGERMAST AVE  
JACKSONVILLE, FL 32277 US

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

AFFINITY LAW FIRM, P.L.  
3947 BOULEVARD CENTER DRIVE  
SUITE 101  
JACKSONVILLE, FL 32207 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:** GUST G. SARRIS, ESQ.

03/16/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** S  
**Name:** BENHAM, JON  
**Address:** 4387 JIGGERMAST AVE  
**City-St-Zip:** JACKSONVILLE, FL 32277

**Title:** VPD  
**Name:** MILLIET, SCOTT  
**Address:** 4395 JIGGERMAST AVE  
**City-St-Zip:** JACKSONVILLE, FL 32277

**Title:** TD  
**Name:** WILLARD, DAVID  
**Address:** 4433 JIGGERMAST AVE  
**City-St-Zip:** JACKSONVILLE, FL 32277

I hereby 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 all other like empowered.

**SIGNATURE:** JOSEPH FANTINE

MGRM

03/16/2011

Electronic Signature of Signing Officer or Director

Date