


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90055 019 \*\*\*\*61.25

<b>DOCUMENT # N94000005689</b>					
<b>1. Entity Name</b> ST. JOHN'S WOODS HOMEOWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> 9365 W. SAMPLE RD STE 203 CORAL SPRINGS, FL 33065 US			<b>Mailing Address</b> PO BOX 8506 CORAL SPRINGS, FL 33075 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0559022	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CONDOMANAGEMENT ALTERNATIVE 9365 W. SAMPLE RD. #203 CORAL SPRINGS, FL 33065			Name CONDO MANAGEMENT ALTERNATIVE Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD <b>NAME</b> FONG, PERRY <b>STREET ADDRESS</b> PO BOX 8506 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33075	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> CHAPMAN, BART <b>STREET ADDRESS</b> P.O. BOX 8506 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33075	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> NAGLE, LEE <b>STREET ADDRESS</b> PO BOX 8506 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33075	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> VD <b>NAME</b> SMITH, L.A. <b>STREET ADDRESS</b> P.O. BOX 8506 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33075	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MCNAMARA, JOAN <b>STREET ADDRESS</b> PO BOX 8506 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33075	<input type="checkbox"/> Delete		<b>TITLE</b> TD <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> HELLER, FRIEDA <b>STREET ADDRESS</b> PO BOX 8506 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33075	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> KOBASIC, KATHY <b>STREET ADDRESS</b> P.O. BOX 8506 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33075	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date _____ Daytime Phone # 954-752-4786		