2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2009
Secretary of State

DOCUMENT# N94000005689

Entity Name: ST. JOHN'S WOODS HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

9365 W. SAMPLE RD
STE 203
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8506
CORAL SPRINGS, FL 33075 US

New Mailing Address:

FEI Number: 65-0559022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONDO MANAGEMENT ALTERNATIVE
9365 W. SAMPLE RD. #203
CORAL SPRINGS, FL 33065 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: PD ( ) Delete
Name: CHAPMAN, BART
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: VD ( ) Delete
Name: SMITH, L.A.
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: T ( ) Delete
Name: MCNAMARA, JOAN
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

Title: SD ( ) Delete
Name: KOBASIC, KATHY
Address: PO BOX 8506
City-St-Zip: CORAL SPRINGS, FL 33075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JOAN MCNAMARA T 02/18/2009

Electronic Signature of Signing Officer or Director — Date