

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004414

FILED  
Feb 28, 2005  
Secretary of State

Entity Name: JAMES ISLAND HOMEOWNERS' ASSOCIATION, INC.

## Current Principal Place of Business:

1389 SOUTH WATERVIEW DRIVE  
INVERNESS, FL 34450

## New Principal Place of Business:

1409 SOUTH WATERVIEW DRIVE  
INVERNESS, FL 34450

## Current Mailing Address:

1389 SOUTH WATERVIEW DRIVE  
INVERNESS, FL 34450

## New Mailing Address:

1409 SOUTH WATERVIEW DRIVE  
INVERNESS, FL 34450

FEI Number: 59-3427577

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FREDRICK, DEBRA S  
1389 S WATERVIEW DR  
INVERNESS, FL 34450 US

## Name and Address of New Registered Agent:

FREDRICK, DEBRA S  
1409 S WATERVIEW DR  
INVERNESS, FL 34450 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:

02/28/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MARRA, ROBERT F  
Address: 1365 SOUTH WATERVIEW DRIVE  
City-St-Zip: INVERNESS, FL 34450

Title: VD ( ) Delete  
Name: MCMECHAN, SAM  
Address: 1430 S WATERVIEW DR  
City-St-Zip: INVERNESS, FL 34450

Title: S ( ) Delete  
Name: FREDRICK, DEBRA  
Address: 1389 SOUTH WATERVIEW DRIVE  
City-St-Zip: INVERNESS, FL

Title: D ( ) Delete  
Name: OSWALD, WAYNE  
Address: 1380 S WATERVIEW DR  
City-St-Zip: INVERNESS, FL 34450

Title: D ( ) Delete  
Name: INFANTE, ANN  
Address: 1431 S WATERVIEW DR  
City-St-Zip: INVERNESS, FL 34450

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition  
Name: INFANTE, ANN  
Address: 1431 S WATERVIEW DR  
City-St-Zip: INVERNESS, FL 34450

Title: S (X) Change ( ) Addition  
Name: FREDRICK, DEBRA  
Address: 1409 SOUTH WATERVIEW DRIVE  
City-St-Zip: INVERNESS, FL

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 for the exemption stated in Section 119.07(3)(i), 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: DEBRA FREDRICK

S

02/28/2005

Electronic Signature of Signing Officer or Director

Date