

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001479

FILED
Apr 29, 2005
Secretary of State

Entity Name: ST. JOHNS CAY HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

4344 BOAT CLUB DRIVE
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

4344 BOAT CLUB DRIVE
JACKSONVILLE, FL 32277

New Mailing Address:

FEI Number: 59-3532114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOFFNER, CHARLES
4344 BOAT CLUB DRIVE
JACKSONVILLE, FL 32277 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: VPD () Delete
Name: VALERIO, GLENN J
Address: 4380 BOAT CLUB DR.
City-St-Zip: JACKSONVILLE, FL 32277

Title: TD () Delete
Name: SHOFFNER, CYNTHIA P
Address: 4344 BOAT CLUB DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: PD () Delete
Name: SHOFFNER, CHARLES R
Address: 4344 BOAT CLUB DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

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:

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: CHARLES R SHOFFNER

PD

04/29/2005

Electronic Signature of Signing Officer or Director

Date