2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 01, 2003 8:00 am **Secretary of State** DOCUMENT # N9700001479 05-01-2003 90317 042 ****61.25 1. Entity Name ST. JOHNS CAY HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 4344 BOAT CLUB DRIVE 4344 BOAT CLUB DRIVE JACKSONVILLE FL 32277 JACKSONVILLE FL 32277 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-3532114 Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHOFFNER, CHARLES Street Address (P.O. Box Number is Not Acceptable) 4344 BOAT CLUB DRIVE JACKSONVILLE FL 32277 City Zip Code 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Addition TITLE **Delete** MCCLENDON, NATHANIEL NAME NAME SHOFFNER CHARLES R STREET ADDRESS 4361 BOAT CLUB DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32277

TACKSONVILLE FL 32277 TITLE TITLE ☐ Change Addition Delete HAMMOND, THOMAS VALERIO GLENN J. NAME NAME 43808AT CLUB DRIVE JACKSONVILLE FT 32277 4362 BOAT CLUB DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32277 CITY-ST-ZIP TITLE Delete TITLE SIMMONS DENISE HAMMOND, JULIE NAME NAME 4361 BOATCLUA PRIVE 4362 BOAT CLUB DRIVE STREET ADDRESS STREET ADDRESS ACKSANVILLE FL 32277 CITY-ST-ZIP JACKSONVILLE FL 32277 CITY-ST-ZIP Addition TITLE Delete ☐ Change TITLE HOFFNER CYNTHIA A. SHOFFNER, CHARLES R NAME NAME 4344 BOAT CLUB DRIVE STREET ADDRESS BOAT CLUB DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE FL 32277 ACKSONVILLE FL JAZO' TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under eath; 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 empow

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZLP

EDCharles R. Shoffner 4/29/03

FILED