

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90739 042 ****61.25

DOCUMENT # N97000006127

1. Entity Name

ST. JOHNS LANDING COMMUNITY ASSOCIATION, INC.



Principal Place of Business

165 WEST SR 434
WINTER SPRINGS FL 32708

Mailing Address

P.O. BOX 915322
LONGWOOD FL 32791

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3491489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NATIONAL ASSOCIATION MANAGEMENT COMPANY
165 WEST SR 434
WINTER SPRINGS FL 32708

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

3. 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

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	WILKINSON, J. CURT	
STREET ADDRESS	4890 W KENNEDY BLVD 920	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	WEST, DALE	
STREET ADDRESS	4890 W KENNEDY BLVD 920	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	GREEN, DANIEL	
STREET ADDRESS	4890 W KENNEDY BLVD 920	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	DVAS	<input checked="" type="checkbox"/> Delete
NAME	BRAY, MATTHEW	
STREET ADDRESS	4890 W KENNEDY BLVD 920	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D.	CHRIS PAYER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		206 TORCASO CT	
STREET ADDRESS		WINTER SPRINGS, FL 32708	
CITY-ST-ZIP			
TITLE	D	KATHY POSTLEWAIT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		111 ST JOHNS LANDING	
STREET ADDRESS		WINTER SPRINGS, FL 32708	
CITY-ST-ZIP			
TITLE	D	MIKE MCCOY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		216 TORCASO CT	
STREET ADDRESS		WINTER SPRINGS FL 32708	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-04 407