



FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90044 022 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 59-3491489				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NATIONAL ASSOCIATION MANAGEMENT COMPANY 165 WEST SR 434 WINTER SPRINGS, FL 32708				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	PRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PAYER, CHRIS	NAME	PAYER, CHRIS		
STREET ADDRESS	206 TORCASO CT	STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POSTLEWAIT, KATHY	NAME	POSTLEWAIT, KATHY		
STREET ADDRESS	111 ST JOHNS LANDING	STREET ADDRESS			
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MCCOY, MIKE	NAME	TOFALO, ANDE		
STREET ADDRESS	216 TORCASO CT	STREET ADDRESS	114 ST. JOHNS LANDING		
CITY-ST-ZIP	WINTER SPRINGS, FL 32708	CITY-ST-ZIP	WINTER SPRINGS, FL 32708		
TITLE	<input type="checkbox"/> Delete	TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	BRIGGS, ANGELA		
STREET ADDRESS		STREET ADDRESS	109 ST JOHNS LANDING		
CITY-ST-ZIP		CITY-ST-ZIP	WINTER SPRINGS FL 32708		
TITLE	<input type="checkbox"/> Delete	TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	RAMANLAL PRADIP		
STREET ADDRESS		STREET ADDRESS	100 ST JOHNS LANDING		
CITY-ST-ZIP		CITY-ST-ZIP	WINTER SPRINGS FL 32708		
TITLE	<input type="checkbox"/> Delete	TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 		Marc A. Blum Manager		2/2/2005 407-321-5824	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	