


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90331 001 \*\*\*\*61.25

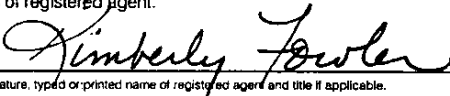
<b>DOCUMENT # N97000006127</b>	
1. Entity Name ST. JOHNS LANDING COMMUNITY ASSOCIATION, INC.	

Principal Place of Business 165 WEST SR 434 WINTER SPRINGS, FL 32708	Mailing Address P.O. BOX 915322 LONGWOOD, FL 32791
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2. Principal Place of Business 266 Wilshire Blvd.	3. Mailing Address 266 Wilshire Blvd.
Suite, Apt. #, etc. Suite 110	Suite, Apt. #, etc. Suite 110
City & State Casselberry, FL	City & State Casselberry, FL
Zip 32707 Country Seminole	Zip 32707 Country Seminole


	
04072006 Chg-NP	CR2E037 (11/05)
4. FEI Number 59-3491489	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 Kimberly Fowler Street Address (P.O. Box Number is Not Acceptable) 266 Wilshire Blvd. Suite 110 Casselberry, FL City FL Zip Code 32707
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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 	DATE 4-20-06
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAYER, CHRIS 206 TORCASO CT WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POSTLEWAIT, KATHY 111 ST JOHNS LANDING WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOFALO, ANNE 114 ST JOHNS LANDING WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRIGGS, ANGELA 109 ST JOHNS LANDING WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMANLAL, PRADIP 100 ST JOHNS LANDING WINTER SPRINGS, FL 32708 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Brahler, Chrissy 205 Torcaso Court Winter Springs, FL 32708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	DATE April 20, 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

407-830-7799