


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90823 039 \*\*\*\*61.25

<b>DOCUMENT # N97000006127</b>					
<b>1. Entity Name</b> ST. JOHNS LANDING COMMUNITY ASSOCIATION, INC.					
<b>Principal Place of Business</b> 266 WILSHIRE BLVD SUITE 110 CASSELBERRY, FL 32707			<b>Mailing Address</b> 266 WILSHIRE BLVD SUITE 110 CASSELBERRY, FL 32707		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3491489	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> FOWLER FOWLER, KIMBERLY 266 WILSHIRE BLVD SUITE 110 CASSELBERRY, FL 32707			<b>7. Name and Address of New Registered Agent</b>		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> PAYER, CHRIS <b>STREET ADDRESS</b> 206 TORCASO CT <b>CITY-ST-ZIP</b> WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> Batchelor, Marc <b>STREET ADDRESS</b> 200 Torcaso Ct <b>CITY-ST-ZIP</b> Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> POSTLEWAIT, KATHY <b>STREET ADDRESS</b> 111 ST JOHNS LANDING <b>CITY-ST-ZIP</b> WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete		<b>TITLE</b> VTD <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> TOFALO, ANNE <b>STREET ADDRESS</b> 114 ST JOHNS LANDING <b>CITY-ST-ZIP</b> WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete		<b>TITLE</b> SD <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> BRIGGS, ANGELA <b>STREET ADDRESS</b> 109 ST JOHNS LANDING <b>CITY-ST-ZIP</b> WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Moradian, Ali <b>STREET ADDRESS</b> 211 Torcaso Ct <b>CITY-ST-ZIP</b> Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> BRAHLER, CHRISSY <b>STREET ADDRESS</b> 205 TORCASO CT <b>CITY-ST-ZIP</b> WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> Adams, Kim <b>STREET ADDRESS</b> 218 Torcaso Ct <b>CITY-ST-ZIP</b> Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 617, 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 another like empowered.</b>					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-19-07		407-830-7799
Date			Daytime Phone #		

ATTACHMENT

40092336

#N907000006127

Addition

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Grillo, Helene  
103 St Johns Landing  
Winter Springs, FL 32708