

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90200 037 \*\*\*\*61.25

**DOCUMENT # N97000006127**

1. Entity Name  
**ST. JOHNS LANDING COMMUNITY ASSOCIATION, INC.**



Principal Place of Business  
**266 WILSHIRE BLVD  
SUITE 110  
CASSELBERRY, FL 32707**

Mailing Address  
**266 WILSHIRE BLVD  
SUITE 110  
CASSELBERRY, FL 32707**

**60036538**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3491489**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOWELR, KIMBERLY  
266 WILSHIRE BLVD  
SUITE 110  
CASSELBERRY, FL 32707**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 PD ☐ Delete  
NAME BATCHELOR, MARC  
STREET ADDRESS 200 TORCASO CT  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE VTD ☐ Delete  
NAME POSTLEWAIT, KATHY  
STREET ADDRESS 111 ST JOHNS LANDING  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE SD ☒ Delete  
NAME TOFALO, ANNE  
STREET ADDRESS 114 ST JOHNS LANDING  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE D ☒ Delete  
NAME MORADIAN, ALI  
STREET ADDRESS 211 TOCASO CT  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE D ☒ Delete  
NAME BRAHLER, CRISSY  
STREET ADDRESS 205 TORCASO CT  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE D ☒ Delete  
NAME ADAMS, KIM  
STREET ADDRESS 218 TORCASO CT.  
CITY-ST-ZIP WINTER SPRINGS, FL 32708

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME Grillo, Helene  
STREET ADDRESS 103 St Johns Landing  
CITY-ST-ZIP Winter Springs, FL 32708

TITLE VD ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE SD ☐ Change ☒ Addition  
NAME Donohue, Mary  
STREET ADDRESS 113 St Johns Landing  
CITY-ST-ZIP Winter Springs, FL 32708

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Change ☒ Addition  
NAME Adams, Craig  
STREET ADDRESS 218 Torcaso Ct  
CITY-ST-ZIP Winter Springs, FL 32708

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

407-493-3920

Daytime Phone #

Kathleen Postlewait