

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006127

FILED
Apr 14, 2009
Secretary of State

Entity Name: ST. JOHNS LANDING COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

266 WILSHIRE BLVD
SUITE 110
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

266 WILSHIRE BLVD
SUITE 110
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3491489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FOWLER, KIMBERLY
266 WILSHIRE BLVD
SUITE 110
CASSELBERRY, FL 32707 US

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.

SIGNATURE: KIMBERLY FOWLER

04/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BATCHELOR, MARC
Address: 200 TORCASO CT
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD () Delete
Name: POSTLEWAIT, KATHY
Address: 111 ST JOHNS LANDING
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D () Delete
Name: GRILLO, HELENE
Address: 103 ST JOHNS LANDING
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD () Delete
Name: DONOHUE, MARY
Address: 113 ST JOHNS LANDING
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD () Delete
Name: ADAMS, CRAIG
Address: 218 TORCASO CT
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: POSTLEWAIT, KATHY
Address: 111 ST JOHNS LANDING DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D (X) Change () Addition
Name: MOURAD, ROSEMARIE
Address: 106 ST JOHNS LANDING DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD (X) Change () Addition
Name: DONOHUE, MARY
Address: 113 ST JOHNS LANDING DR
City-St-Zip: WINTER SPRINGS, FL 32708

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC BATCHELOR

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date