


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90194 001 \*\*\*\*\*61.25  
04-26-2005 90194 002 \*\*\*\*\*8.75

<b>DOCUMENT # N98000000121</b> 1. Entity Name - <b>ST. JOHNS RIVER ESTATES HOMEOWNERS ASSOCIATION, INC.</b>						
Principal Place of Business <b>PO BOX 530301</b> <b>DEBARY, FL 32713</b>			Mailing Address <b>P.O. BOX 530301</b> <b>DEBARY, FL 32713</b>			
2. Principal Place of Business <b>19 DIAL AVE</b> Suite, Apt. #, etc.			3. Mailing Address <b>19 DIAL AVE</b> Suite, Apt. #, etc.			
City & State <b>Debary FL</b>			City & State <b>Debary FL</b>			
Zip <b>32713</b>		Country <b>USA</b>		4. FEI Number <b>59-3483054</b>		
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent  <b>MEIER, GERRY</b> <b>36 DIAL AVE</b> <b>DEBARY, FL 32713</b>			7. Name and Address of New Registered Agent Name <b>ED WILSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>407 WALROCK STREET</b> City <b>Debary</b> <b>FL</b> Zip Code <b>32713</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.						
SIGNATURE <u><i>Ed Wilson</i></u> <span style="float: right;">4-13-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>						
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <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>		
TITLE <b>P</b> NAME <b>MEIER, GERRY</b> STREET ADDRESS <b>36 DIAL AVE</b> CITY-ST-ZIP <b>DEBARY, FL 32713</b>	<input checked="" type="checkbox"/> Delete			TITLE <b>P/D</b> NAME <b>ED WILSON</b> STREET ADDRESS <b>407 WALROCK STREET</b> CITY-ST-ZIP <b>Debary, FL 32713</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <b>S</b> NAME <b>LEADER, JOY</b> STREET ADDRESS <b>56 KEEBLE AVE.</b> CITY-ST-ZIP <b>DEBARY, FL 32713</b>	<input checked="" type="checkbox"/> Delete			TITLE <b>V/D</b> NAME <b>BRUCE KREIMEIER</b> STREET ADDRESS <b>390 WALROCK STREET</b> CITY-ST-ZIP <b>DEBARY, FL 32713</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>T</b> NAME <b>THOMPSON, BRIDGET</b> STREET ADDRESS <b>16 DIAL AVE</b> CITY-ST-ZIP <b>DEBARY, FL 32713</b>	<input checked="" type="checkbox"/> Delete			TITLE <b>D</b> NAME <b>DAVID Sciscianti</b> STREET ADDRESS <b>56 DIAL AVE</b> CITY-ST-ZIP <b>DEBARY FL 32713</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>V</b> NAME <b>MEIER, GERRY</b> STREET ADDRESS <b>36 DIAL AVE.</b> CITY-ST-ZIP <b>DEBARY, FL 32713</b>	<input checked="" type="checkbox"/> Delete			TITLE <b>D</b> NAME <b>WALTER AMARAL</b> STREET ADDRESS <b>60 DIAL AVE</b> CITY-ST-ZIP <b>DEBARY FL 32713</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>SEITZ, RICHARD</b> STREET ADDRESS <b>39 CRAYCROFT AVE.</b> CITY-ST-ZIP <b>DEBARY, FL 32713</b>	<input checked="" type="checkbox"/> Delete			TITLE <b>D</b> NAME <b>SALVATORE MARCHESE</b> STREET ADDRESS <b>64 DIAL AVE.</b> CITY-ST-ZIP <b>DEBARY FL 32713</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE <b>D</b> NAME <b>TYRKALA, MIKE</b> STREET ADDRESS <b>398 WALROCK ST</b> CITY-ST-ZIP <b>DEBARY, FL 32713</b>	<input checked="" type="checkbox"/> Delete			TITLE <b>S</b> NAME <b>TERRY LYNN</b> STREET ADDRESS <b>74 SANCTUARY AVE</b> CITY-ST-ZIP <b>DEBARY FL 32713</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Ed Wilson</i></u> <span style="float: right;">4-13-05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						