


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 09, 2006 8:00 am**  
**Secretary of State**

03-09-2006 90160 012 \*\*\*\*61.25

<b>DOCUMENT # N98000000121</b> 1. Entity Name <b>ST. JOHNS RIVER ESTATES HOMEOWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>19 DIAL AVE DEBARY, FL 32713</b>			Mailing Address <b>19 DIAL AVE DEBARY, FL 32713</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-3483054</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>WILSON, ED 407 WALROCK ST DEBARY, FL 32713</b>				7. Name and Address of New Registered Agent Name <b>Frank Hughes</b> Street Address (P.O. Box Number is Not Acceptable) <b>63 Craycroft Ave</b> City <b>DeBar</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 <b>Frank Hughes</b> <span style="float: right;">2-27-06</span> <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, 2006</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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, ED 407 WALROCK ST DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Frank Hughes 63 Craycroft Ave DeBar FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KREIMEIER, BRUCE 390 WALROCK ST DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President David Showalter 73 Sanctuary Ave DeBar FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCISCIANTI, DAVID 56 DIAL AVE DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Howard Dehner 56 Craycroft Ave DeBar FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AMARAL, WALTER 60 DIAL AVE DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Tim Ballmer 64 Craycroft Ave DeBar FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHESE, SALVATORE 64 DIAL AVE DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Frieda Trubulsky 35 Craycroft Ave DeBar FL 32713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LYNN, TERRY 74 SANCTUARY AVE DEBARY, FL 32713	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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: <b>Terri Lynn</b> <span style="float: right;">3-27-06</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					