

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000121

FILED
May 15, 2009
Secretary of State

Entity Name: ST. JOHNS RIVER ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

19 DIAL AVE
DEBARY, FL 32713

New Principal Place of Business:

Current Mailing Address:

19 DIAL AVE
DEBARY, FL 32713

New Mailing Address:

FEI Number: 59-3483054 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LYNN, TERRI
74 SANCTUARY AVENUE
DEBARY, FL 32713 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUGHES, FRANK
Address: 63 CRAYCROFT AVENUE
City-St-Zip: DEBARY, FL 32713

Title: VP () Delete
Name: BROCKSCHMIDT, ROBERT
Address: 20 DIAL AVENUE
City-St-Zip: DEBARY, FL 32713

Title: D () Delete
Name: BALLMER, TIM
Address: 64 CRAYCROFT AVENUE
City-St-Zip: DEBARY, FL 32713

Title: T () Delete
Name: LYNN, TERRI
Address: 74 SANCTUARY AVENUE
City-St-Zip: DEBARY, FL 32713

Title: S () Delete
Name: JOHNSON, LINDA K
Address: 17 SANCTUARY AVENUE
City-St-Zip: DEBARY, FL 32713

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: TERRI D. LYNN

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05/15/2009

Electronic Signature of Signing Officer or Director

Date