

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000121

FILED  
Apr 19, 2011  
Secretary of State

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

**Current Principal Place of Business:**

19 DIAL AVENUE  
DEBARY, FL 32713

**New Principal Place of Business:**

**Current Mailing Address:**

19 DIAL AVENUE  
DEBARY, FL 32713

**New Mailing Address:**

**FEI Number:** 59-3483054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LYNN, TERRI  
74 SANCTUARY AVENUE  
DEBARY, FL 32713 US

**Name and Address of New Registered Agent:**

BALLMER, TIMOTHY  
64 CRAYCROFT AVE  
DEBARY, FL 32713 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: TIMOTHY BALLMER

04/19/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HUFFMAN, DANE  
Address: 59 CRAYCROFT AVENUE  
City-St-Zip: DEBARY, FL 32713

Title: VP  
Name: FLORIANO, JIM  
Address: 52 CRAYCROFT AVE  
City-St-Zip: DEBARY, FL 32713

Title: T  
Name: BALLMER, TIM  
Address: 64 CRAYCROFT AVENUE  
City-St-Zip: DEBARY, FL 32713

Title: S  
Name: GAMBILL, PILAR  
Address: 51 CRAYCROFT AVE  
City-St-Zip: DEBARY, FL 32713

Title: M  
Name: SHIMP, PAUL  
Address: 48 CRAYCROFT AVE  
City-St-Zip: DEBARY, FL 32713

I hereby 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 all other like empowered.

SIGNATURE: TIMOTHY BALLMER

TREA

04/19/2011

Electronic Signature of Signing Officer or Director

Date