2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

03-20-2006 90008 040 ****70.00

DOCUMENT # N98000005902



ST. JAMES GOLF CLUB HOMEOWNERS ASSOCIATION, INC. Mailing Address Principal Place of Business 5601 NW ST JAMES BLVD 5601 NW ST JAMES BLVD PORT SAINT LUCIE, FL 34983 PORT SAINT LUCIE, FL 34983 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03082006 CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 65-0880595 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MAHER, GH 5601 NW ST JAMES BLVD Street Address (P.O. Box Number is Not Acceptable) PORT SAINT LUCIE, FL 34983 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. PΩ TITLE Delete TITLE ☐ Change Addition NAME MAHER, GEORGE NAME STREET ADDRESS 5601 NW ST JAMES BLVD STREET ADDRESS Johnson CITY - ST - ZIP PORT SAINT LUCIE, FL 34983 CITY-ST-ZIP VD TITLE ☐ Delete TITLE ☐ Change ■ Addition MOSS, PETER NAME NAME STREET ADDRESS 5601 NW ST JAMES BLVD STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 CITY-ST-ZIP TD TITLE Delete TITLE ☐ Change ☐ Addition NAME EVANS, ROBERT NAME STREET ADDRESS 5601 NW ST JAMES BLVD STREET ADDRESS PORT SAINT LUCIE, FL 34983 CITY-ST-ZIP CITY-ST-ZIP TITLE SD ☐ Delete ☐ Change ☐ Addition SILBER, JEREMY NAME NAME STREET ADDRESS 5601 NW ST JAMES BLVD STREET ADDRESS CITY-ST-7IP PORT SAINT LUCIE, FL 34983 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NETTINO, LOU NAME NAME STREET ADDRESS 5601 NW ST JAMES BLVD STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition COLEMAN, ROBERT NAME STREET ADDRESS 5601 NW ST JAMES BLVD STREET ADDRESS PORT SAINT LUCIE, FL 34983 CITY-ST-7IP CITY-ST-ZIP

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.

PRESIDENT

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AK)								
DOCU 1. Entity Nam								
ST. JAMES GOLF CLUB HOMEOWNERS ASSOCIATION, INC.						rl e c	_	
Principal Place of Business Mailing Address						4003	1/2	\leq
	JAMES BLVD LUCIE FL 34983	5601 NW ST JAMES BLVD PORT SAINT LUCIE FL 34983			7000	410		
2. Principal P	lace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E037 (10/05)			
City & State		City & State			4. FEI Number 65-088059	5	Applied For Not Applicable	
Zip Country		Zip	<u> </u>			5. Certificate of Status Desired Sa.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				Name		7. Name and Address of New I	Registered Agen	<u></u>
MAHER, G H 5601 NW ST JAMES BLVD PORT SAINT LUCIE FL 34983				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL ²	Zip Code
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. Lam familiar with, and accept								
SIGNATURE PL. Man PETLR E MOSS (PRESIDENT) 1/25/06 Signature, typind or printed rumo of regulated agent and ride it represented Agent segretarial required street regulating and regulated agent segretarial required street regulating.								
FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Added to Fees Added to Fees Florida: Department of State							nt of State	
10.	OFFICERS AND DIRI	ECTORS Delete	11.		$\overline{\lambda}$	DDITIONS/CHANGES TO OFFICE		
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STREET ADORESS	5601 NW ST JAMES BLVD			T ADDRESS	35	ANS, BOB ENWSHEFFIE	ID C.K	•
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CTTY-\$1-ZIP	PORT SAINT LUCIE FL 34983		CITY-	ST-ZIP			_	}
TITLE	D	☐ Delete	TITLE		y Tc	E PRESIDENT	- 01	Change Addition
NAME STREET ADDRESS	COLEMAN, ROBERT 5601 NW ST JAMES BLVD		NAME	T ADDRESS T	COLI TOO	EMANIROBER NW WAVERLY	ciR.	
CITY-ST-7IP	PORT SAINT LUCIE FL 34983			ST-ZP	POR	I ST. LUCIE	FL 349	83
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SIGNATURE: P. E. Mars PETER E MOSS (PRESIDENT) 1/25/06 BIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OF FICER OR DIRECTOR DOIN DESCRIPTION FOR THE PROME PROPERTY OF SIGNANG OF FICER OR DIRECTOR								