


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

1. Entity Name
ST. JAMES GOLF CLUB HOMEOWNERS ASSOCIATION, INC.




Principal Place of Business
**5601 NW ST JAMES BLVD
 PORT SAINT LUCIE, FL 34983**

Mailing Address
**5601 NW ST JAMES BLVD
 PORT SAINT LUCIE, FL 34983**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40000



03082006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0880595	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MAHER, G H
 5601 NW ST JAMES BLVD
 PORT SAINT LUCIE, FL 34983**

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** 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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAHER, GEORGE 5601 NW ST JAMES BLVD PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOSS, PETER 5601 NW ST JAMES BLVD PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD EVANS, ROBERT 5601 NW ST JAMES BLVD PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SILBER, JEREMY 5601 NW ST JAMES BLVD PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NETTINO, LOU 5601 NW ST JAMES BLVD PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, ROBERT 5601 NW ST JAMES BLVD PORT SAINT LUCIE, FL 34983	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

See attachment


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: P. E. Moss PETER E MOSS (PRESIDENT) 3/13/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

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

DOCUMENT # N98000005902 1. Entity Name ST. JAMES GOLF CLUB HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 5601 NW ST JAMES BLVD PORT SAINT LUCIE FL 34983		Mailing Address 5601 NW ST JAMES BLVD PORT SAINT LUCIE FL 34983
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.
City & State		City & State
Zip	Country	4. FEI Number 65-0880595
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable
6. Name and Address of Current Registered Agent MAHER, G H 5601 NW ST JAMES BLVD PORT SAINT LUCIE FL 34983		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
		1st MOORE CR2E037 (10/05) FL 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 <u>P.E. Moss</u> <u>PETER E MOSS (PRESIDENT)</u>		DATE <u>1/25/06</u>
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE PD NAME MAHER, GEORGE <input type="checkbox"/> Delete STREET ADDRESS 5601 NW ST JAMES BLVD CITY-ST-ZIP PORT SAINT LUCIE FL 34983	TITLE X DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME MAHER, GEORGE STREET ADDRESS 410 NW CANTEBURY CT CITY-ST-ZIP PORT ST. LUCIE, FL 34983	
TITLE VD NAME MOSS, PETER <input type="checkbox"/> Delete STREET ADDRESS 5601 NW ST JAMES BLVD CITY-ST-ZIP PORT SAINT LUCIE FL 34983	TITLE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME MOSS, PETER STREET ADDRESS 320 NW STRATFORD LN. CITY-ST-ZIP PORT ST. LUCIE, FL 34983	
TITLE TD NAME EVANS, ROBERT <input type="checkbox"/> Delete STREET ADDRESS 5601 NW ST JAMES BLVD CITY-ST-ZIP PORT SAINT LUCIE FL 34983	TITLE TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME EVANS, BOB STREET ADDRESS 358 NW SHEPPARD CIR. CITY-ST-ZIP PORT ST. LUCIE, FL 34983	
TITLE SD NAME SILBER, JEREMY <input type="checkbox"/> Delete STREET ADDRESS 5601 NW ST JAMES BLVD CITY-ST-ZIP PORT SAINT LUCIE FL 34983	TITLE SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME SILBER, JEREMY STREET ADDRESS 432 NW DOVER CT CITY-ST-ZIP PORT ST. LUCIE, FL 34983	
TITLE D NAME NETTINO, LOU <input checked="" type="checkbox"/> Delete STREET ADDRESS 5601 NW ST JAMES BLVD CITY-ST-ZIP PORT SAINT LUCIE FL 34983	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D NAME COLEMAN, ROBERT <input type="checkbox"/> Delete STREET ADDRESS 5601 NW ST JAMES BLVD CITY-ST-ZIP PORT SAINT LUCIE FL 34983	TITLE VICE PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME COLEMAN, ROBERT STREET ADDRESS 509 NW WAVERLY CIR. CITY-ST-ZIP PORT ST. LUCIE, FL 34983	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>P.E. Moss</u> <u>PETER E MOSS (PRESIDENT)</u>		DATE <u>1/25/06</u>

40034185



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