


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90219 048 \*\*\*\*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**

**60001667**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

01042007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent  
**ROSS, DEBORAH ESQUIRE  
 759 S. FEDERAL HIGHWAY  
 SUITE 212  
 STUART, FL 34995**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

4. FEI Number  
**65-0880595**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

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

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to Florida Department of State**

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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MOSS, PETER 5601 NW ST JAMES BLVD PORT SAINT LUCIE, FL 34983	<input checked="" 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NETTINO, LOU 5601 NW ST JAMES BLVD PORT SAINT LUCIE, FL 34983	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLEMAN, ROBERT 5601 NW ST JAMES BLVD PORT SAINT LUCIE, FL 34983	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETER MOSS 5601 NW ST. JAMES BLVD PORT ST. LUCIE, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLEMAN, ROBERT 5601 NW ST. JAMES BLVD PORT ST. LUCIE, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAME - 2006	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAHER, GEORGE 5601 NW ST JAMES BLVD PORT ST. LUCIE, FL 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SILBER, JEREMY 5601 NW ST. JAMES BLVD PORT ST. LUCIE, FL 34983	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFF, LEROY 5601 NW ST. JAMES BLVD PORT ST LUCIE, FL 34983	<input 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: P.E. Moss P.E. Moss  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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POOLE, CHARLENE  
5601 NW ST. JAME BLVD  
PORT ST. LUCIE, FL 34983

ATTACHMENT

~~120001667~~  
#N98000005902