

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005902

FILED
May 06, 2009
Secretary of State

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

Current Principal Place of Business:

5601 NW ST JAMES BLVD
PORT SAINT LUCIE, FL 34983

New Principal Place of Business:

Current Mailing Address:

5601 NW ST JAMES BLVD
PORT SAINT LUCIE, FL 34983

New Mailing Address:

FEI Number: 65-0880595 **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:

ROSS, DEBORAH ESQUIRE
759 S. FEDERAL HIGHWAY
SUITE 212
STUART, FL 34995 US

Name and Address of New Registered Agent:

JACKSON, JR, GERALD CPA
150 SW CHAMBER COURT
SUITE 202
PORT ST LUCIE, FL 34986 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: GERALD JACKSON JR

05/06/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: HOFF, LEROY
Address: 5601 NW ST JAMES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: PD () Delete
Name: EVANS, ROBERT
Address: 5601 NW ST JAMES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: STD () Delete
Name: LOGAN, GAIL
Address: 5601 NW ST JAMES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: MCNALLY, PATRICIA
Address: 5601 NW ST JAMES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: DAAL, GUS
Address: 5601 NW ST JAMES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD () Delete
Name: COLEMAN, ROBERT
Address: 5601 NW ST JAMES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: STEFANO, DAVE
Address: 5601 NW ST JAMES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D (X) Change () Addition
Name: EVANS, ROBERT
Address: 5601 NW ST JAMES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: PD (X) Change () Addition
Name: LOGAN, GAIL
Address: 5601 NW ST JAMES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TD (X) Change () Addition
Name: MCNALLY, DONALD
Address: 5601 NW ST JAMES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD (X) Change () Addition
Name: DAAL, GUS
Address: 5601 NW ST JAMES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D (X) Change () Addition
Name: COLEMAN, ROBERT
Address: 5601 NW ST JAMES BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: GAIL LOGAN

PD

05/06/2009

Electronic Signature of Signing Officer or Director

Date