

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED  
Jun 17, 2009  
Secretary of State**

DOCUMENT# N98000005902

**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 ( )

**Name and Address of Current Registered Agent:**JACKSON, JR, GERALD CPA  
150 SW CHAMBER COURT  
SUITE 202  
PORT ST LUCIE, FL 34986 US**Name and Address of New Registered Agent:**LOGAN, GAIL  
5601 NW ST JAMES BLVD  
PORT ST LUCIE, FL 34983 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: GAIL LOGAN

06/17/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: SD ( ) Delete  
Name: STEFANO, DAVE  
Address: 5601 NW ST JAMES BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34983Title: D ( ) Delete  
Name: EVANS, ROBERT  
Address: 5601 NW ST JAMES BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34983Title: PD ( ) Delete  
Name: LOGAN, GAIL  
Address: 5601 NW ST JAMES BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34983Title: TD ( ) Delete  
Name: MCNALLY, DONALD  
Address: 5601 NW ST JAMES BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34983Title: VD ( ) Delete  
Name: DAAL, GUS  
Address: 5601 NW ST JAMES BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34983Title: D ( ) 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

06/17/2009

Electronic Signature of Signing Officer or Director

Date