2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 09, 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:

LOGAN, GAIL
5601 NW ST JAMES BLVD
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

ROSS EARLE & BONAN, PA
759 SOUTH FEDERAL HIGHWAY, STE 212
ROYAL PALM FINANCIAL CENTER
STUART, FL 34996 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: ROSS EARLE & BONAN PA 07/09/2009
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 34983

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

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

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

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

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

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 07/09/2009
Electronic Signature of Signing Officer or Director Date