

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005902

**FILED**  
**Mar 30, 2010**  
**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 ( )**

**Name and Address of Current Registered Agent:**

ROSS EARLE & BONAN, PA  
759 SOUTH FEDERAL HIGHWAY, STE 212  
ROYAL PALM FINANCIAL CENTER  
STUART, FL 34996 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: GAIL LOGAN

PD

03/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date