

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90035 011 ****61.25

DOCUMENT # N99000004487					
1. Entity Name PORT ST. JOHN CENTER PROPERTY ASSOCIATION, INC.					
Principal Place of Business 3740 CURTIS BOULEVARD 108 PORT ST JOHN, FL 32927			Mailing Address 3740 CURTIS BOULEVARD 108 PORT ST JOHN, FL 32927		
2. Principal Place of Business - No P.O. Box # 3860 Curtis Blvd Suite, Apt. #, etc. #636		3. Mailing Address 3860 Curtis Blvd Suite, Apt. #, etc. #636			
City & State PORT ST JOHN, FL		City & State PORT ST JOHN, FL			
Zip 32927		Country USA		4. FEI Number 59-3589946	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent YUSEM, MELVYN 10522 SW 133RD PLACE MIAMI, FL 33186			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE DP	NAME YUSEM, MELVYN R		<input type="checkbox"/> Delete	TITLE Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	NAME 3860 Curtis Blvd #636
STREET ADDRESS 3740 CURTIS BLVD 108	CITY-ST-ZIP PORT ST JOHN, FL 32927		STREET ADDRESS 3860 Curtis Blvd #636	CITY-ST-ZIP PORT ST JOHN, FL 32927	
TITLE V	NAME CAMPANILE, LOUIS R JR.		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 3860 Curtis Blvd #636
STREET ADDRESS 3740 CURTIS BLVD 108	CITY-ST-ZIP PORT ST JOHN, FL 32927		STREET ADDRESS 3860 Curtis Blvd #636	CITY-ST-ZIP PORT ST JOHN, FL 32927	
TITLE ST	NAME FERRARO, CARMINE		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 3860 Curtis Blvd #636
STREET ADDRESS 3740 CURTIS BLVD 108	CITY-ST-ZIP PORT ST JOHN, FL 32927		STREET ADDRESS 3860 Curtis Blvd #636	CITY-ST-ZIP PORT ST JOHN, FL 32927	
TITLE Name	STREET ADDRESS City-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Name
STREET ADDRESS City-ST-ZIP	CITY-ST-ZIP City-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Name
TITLE Name	STREET ADDRESS City-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Name
STREET ADDRESS City-ST-ZIP	CITY-ST-ZIP City-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Name
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:			SECRETARY/TREAS. 4/26/07 321-433-0274		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		