

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 06, 2004  
Secretary of State**

DOCUMENT# N03000010411

Entity Name: SAINT JOHNS - SIX MILE CREEK WEST PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9456 PHILLIPS HIGHWAY  
SUITE 1  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

9456 PHILLIPS HIGHWAY  
SUITE 1  
JACKSONVILLE, FL 32223

**New Mailing Address:**

FEI Number: 20-0484433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

H. JOSEPH O'SHIELDS  
1301 RIVERPLACE BOULEVARD  
SUITE 1500  
JACKSONVILLE, FL 32207 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: PD ( ) Delete  
Name: JOHNS, KENNETH  
Address: 9456 PHILLIPS HIGHWAY #1  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD ( ) Delete  
Name: ZAKOSKE, JOHN  
Address: 9456 PHILLIPS HIGHWAY #1  
City-St-Zip: JACKSONVILLE, FL 32223

Title: STD ( ) Delete  
Name: DOAN, JAN  
Address: 9456 PHILLIPS HIGHWAY #1  
City-St-Zip: JACKSONVILLE, FL 32223

**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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KENNETH JOHNS

P

02/06/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date