


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90089 026 ****61.25

DOCUMENT # N03000010411

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



Principal Place of Business
9456 PHILLIPS HIGHWAY SUITE 1 JACKSONVILLE, FL 32223

Mailing Address
9456 PHILLIPS HIGHWAY SUITE 1 JACKSONVILLE, FL 32223

50011075



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
5455 AIA South
 Suite, Apt. #, etc.

01242005 Chg-NP CR2E037 (10/03)

City & State
St. Augustine FL

4. FEI Number
20-0484433

Applied For
 Not Applicable

Zip
32080

Country
St. John

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**H. JOSEPH O'SHIELDS
 1301 RIVERPLACE BOULEVARD SUITE 1500 JACKSONVILLE, FL 32207**

7. Name and Address of New Registered Agent
 Name **May Management Services**
 Street Address (P.O./Box Number is Not Acceptable)
5455 AIA South
 City **St. Augustine FL** Zip Code **32080**

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 *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JOHNS, KENNETH	
STREET ADDRESS	9456 PHILLIPS HIGHWAY #1	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ZAKOSKE, JOHN	
STREET ADDRESS	9456 PHILLIPS HIGHWAY #1	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DOAN, JAN	
STREET ADDRESS	9456 PHILLIPS HIGHWAY #1	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/30/05** Daytime Phone # **904-268-2875**