

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N03000010411

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



FILED
 06 MAY 26 PM 12:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Mailing Address
**5455 A1A SOUTH
 SAINT AUGUSTINE, FL 32080**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04262006 Chg-NP CR2E037 (11/05)

4. FEI Number
20-0484433

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

<p>6. Name and Address of Current Registered Agent</p> <p>MAY MANAGEMENT SERVICES 5455 A1A SOUTH SAINT AUGUSTINE, FL 32080</p>	<p>7. Name and Address of New Registered Agent</p> <p>Name _____</p> <p>Street Address (P.O. Box Number is Not Acceptable) _____</p> <p>City _____ FL Zip Code _____</p>
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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.

000076163520
 06/14/06--01005--011 **61.25

SIGNATURE _____ DATE _____

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

Amended AR is \$61.25

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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD JOHNS, KENNETH	<input checked="" type="checkbox"/> Delete		TITLE	PD Zakoske, John	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	9456 PHILLIPS HIGHWAY #1			STREET ADDRESS	9456 Phillips Highway #1		
CITY-ST-ZIP	JACKSONVILLE, FL 32223			CITY-ST-ZIP	Jacksonville, FL 32223		
TITLE	VD ZAKOSKE, JOHN	<input checked="" type="checkbox"/> Delete		TITLE	VD Dearing, Mark C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	9456 PHILLIPS HIGHWAY #1			STREET ADDRESS	9456 Phillips Highway #1		
CITY-ST-ZIP	JACKSONVILLE, FL 32223			CITY-ST-ZIP	Jacksonville, FL 32223		
TITLE	STD DOAN, JAN	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	9456 PHILLIPS HIGHWAY #1			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32223			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: _____ **Jan Doan** _____ **904-268-2845**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #