2007 NOT-FOR-PROFIT CORPORATIO ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

•N	Mar 26, 2007 8:00 ar Secretary of State
	03-26-2007 90059 049 ****61.25

DOCUMENT # N03000010411 1. Entity Name SAINT JOHNS - SIX MILE CREEK WEST PROPERTY OWNERS ASSOCIATION, INC.								03-2	6-2007 9	0059 04	!9 ****61.	25
Principal Place of Business 9456 PHILLIPS HIGHWAY SUITE 1 SAINT AUGUSTINE, FL 32080 JACKSONVILLE, FL 32223							4004	1104	\$b			
	Place of Business - No P.O. Box #		ing Address	. // /	1000							
Sujte, Apt. #, etc. Suit Suite 200 Shi			uite, Apt. #, etc. -1/-c 200				03162007	Chg-	NP	CR2E03	37 (12/06)	
City & State C			ity & State				4. FEI Numbe 20-048				_ 	plied For t Applicable
33616	Country 4 USA	Zip	614	Cou	ntry		5. Certificate	of Status	s Desired		\$8.75 Add Fee Require	litional
	6. Name and Address of Current	Registere	d Agent		Name	n	7. Name and	Addres	s of New R	egistered /	Agent	
	AGEMENT SERVICES				/		etta q		mpany		€ د	
5455 A1A SAINT AU	SOUTH GUSTINE, FL 32080				Street A	ddress (F	CO/W	er is Not <u>C//</u>	Acceptable Arcou) <u>#</u>	200	
					City 7	amp	a FL			FL	Zip Cod	314
	named entity submits this statement for ions of registered agent.	the purpo	ose of changing its r	egistere	ed office or	register	ed agent, or bot	h, in the	State of Flo	rida. I am	familiar with,	and accept
SIGNATURE.	Heather Russe				4 Annat ainne				3/1	6/07	,	
	Signature, typed or printed name of registered agent a	and title if appl	licable. (NOTE:	Registered	a wagaiit signat	ure required	when reinstating)			DATE		
	Filling Fee is \$61.25 Due by May 1, 2007	and title if app	9. Election Carn Trust Fund C	paign F	inancing		\$5.00 May B Added to Fees	e		ake checi	k payable to tment of St	
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF		9. Election Cam	paign F	inancing		\$5.00 May B		Flori	ake checi da Depar	tment of St	ate
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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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-07 813-932-9488
Description Description