

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
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.



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

Mailing Address
 5455 A1A SOUTH
 SAINT AUGUSTINE, FL 32080

40041026



2. Principal Place of Business - No P.O. Box #
 3434 Colwell Avenue

3. Mailing Address
 3434 Colwell Avenue

Suite, Apt. #, etc.
 Suite 200

Suite, Apt. #, etc.
 Suite 200

03162007 Chg-NP CR2E037 (12/06)

City & State
 Tampa, FL

City & State
 Tampa, FL

4. FEI Number
 20-0484433

Applied For
 Not Applicable

Zip
 33614

Country
 USA

Zip
 33614

Country

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

6. Name and Address of Current Registered Agent
 MAY MANAGEMENT SERVICES
 5455 A1A SOUTH
 SAINT AUGUSTINE, FL 32080

7. Name and Address of New Registered Agent
 Name Rizzetta & Company, Inc
 Street Address (P.O. Box Number is Not Acceptable)
 3434 Colwell Avenue #200
 City Tampa, FL FL Zip Code 33614

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 *Heather Russel* DATE 3/16/07

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

Filing Fee is \$61.25 Due by May 1, 2007

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 NAME STREET ADDRESS CITY-ST-ZIP | PD ZAKOSKE, JOHN 9456 PHILLIPS HIGHWAY #1 JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DEARING, MARK C 9456 PHILLIPS HIGHWAY #1 JACKSONVILLE, FL 32223 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD DOAN, JAN 9456 PHILLIPS HIGHWAY #1 JACKSONVILLE, FL 32223 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD Restall, Shelby 9456 Phillips Highway #1 Jacksonville, FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Knox, Linnette 9456 Phillips Highway #1 Jacksonville, FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Porter, Robert 9456 Phillips Highway #1 Jacksonville, FL 32223 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* DATE: 3-16-07 DAYTIME PHONE: 813-932-8488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR