NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 08, 1999 8:00am

Secretary of State

02-08-1999 90015 016 ****61.25

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600003293

SAINT JOHNS NORTHWEST MASTER ASSOCIATION, INC.

101 EAST TO	e of Business	141	lailing Address								
101 EAST TOWN PLACE			101 EAST TOWN PLACE								
SUITE 200	-	-	SUITE 200								
ST AUGUSTIN	IE FL 32092		it augustine fl. 32092 Is							90 11210 11010 1 3	1 0 0 1 1 1 1 0 0 1
03		·									
2 Drivers of D	Name of Dunings	20	. Mailing Address				2	Date Incorporated or Qualifed			
	lace of Business	— —	. Mailing Address				3.	06/20/1996			
21] ;	4	26	0.4. 4.4				-	FEI Number		1 1.	
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				4.	59-3392622			plied For
22		27	014 - 0 04-4-				 	39-3392022	• • •		t Applicable
City & Stat	(e	-	City & State				5.	Certificate of Status Desired	-	\$8.75 A	
23		28	· ·	C			1				<u> </u>
Zip `	Country	<u> </u>	Zip	Cour	าเกร		6.	Election Campaign Financing		\$5.00	
24	25	29		30			<u> </u>	Trust Fund Contribution		Added to	o Fees
•	9. Name and Address of Curr	ent Regis	stered Agent	•	81	Name	10.	Name and Address of New Regist	ered A	gent	
			·		° '	Name					
DAVIDSO	n, James e Jr		3	Ī	82	Street Addres	ss (P	O. Box Number is Not Acceptable)			
101 EAST	TOWN PLACE			L							
SUITE 20	0			. 1	83			· ·			
	ISTINE FL 32092			1	84	City		•		85 Zip C	'ode
					04	City			FL	65 Zip C	,008
11. Pursuant	to the provisions of Sections 617.09	502 and 6	17.1508, Florida Statutes	s, the ab	ove-	-named corpor	ration	n submits this statement for the purpo	se of c	hanging its	registered
office or r	registered agent, or both, in the Stat	te of Florio	da. Such change was aut	thorized da Statu	by th	he corporation	's bo	pard of directors. I hereby accept the	appoint	ment as reg	gistered
_ 	SE ARBRITAN SE POTOS	gauons oi		ua Siaiu	163.			•		4	'
SIGNATURE	Signature, typed or printed name of registered as	gent and title	if applicable (NOTE: F	Registered A	Agent :	signature required w	when re	einstating) DA	TÉ		:
12.	TOWNS TO ME SOFFICERS A			13.				ADDITIONS/CHANGES TO OFFICER		DIRECTO	
TITLE	*						-	ADDITIONS/CHANGES TO OFFICER	RS AND		RS IN 12
	I PD		DELETE	1.1 TITL	Æ			ADDITIONS/CHANGES TO OFFICER	RS AND	Change	RS IN 12
NAME I	PD DAVIDSON TAMES EN IR	ia is		1.1 TITL				ADDITIONS/CHANGES TO OFFICE	RS AND		
NAME	DAVIDSON, JAMES E JR			1.1 TITL 1.2 NAM	νŒ	ADDRESS		ADDITIONS/GRANGES TO OFFICE	S AND		
STREET ADDRESS	DAVIDSON, JAMES E JR 101 EAST TOWN PLACE, SU			1.1 TITL 1.2 NAA 1.3 STF	ME REET A	ADDRESS		The state of the s	RS AND		
STREET ADDRESS CITY-ST-ZIP	DAVIDSON, JAMES E JR 101 EAST TOWN PLACE, SU ST AUGUSTINE FL 32092		DELETE	1.1 TITL 1.2 NAA 1.3 STF 1.4 CIT	ME REET A Y-ST-			ADDITIONS/GRANGES TO OFFICE		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	DAVIDSON, JAMES E JR 101 EAST TOWN PLACE, SU ST AUGUSTINE FL 32092 TD			1.1 TITU 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITU	ME REET A Y-ST- LE			The state of the s			
STREET ADDRESS CITY-ST-ZIP TITLE NAME	DAVIDSON, JAMES E JR 101 EAST TOWN PLACE, SU ST AUGUSTINE FL 32092 TD GIL, EDUARDO	ITE 200	DELETE	1.1 TITU 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITU 2.2 NAM	ME REET A Y-ST- LE ME	ZIP		The state of the s		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE	DAVIDSON, JAMES E JR 101 EAST TOWN PLACE, SU ST AUGUSTINE FL 32092 TD GIL, EDUARDO 101 EAST TOWN PLACE, SU	ITE 200	DELETE	1.1 TITU 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITU 2.2 NAM	ME REET A Y-ST- LE ME			ADDITIONS/GHANGES TO OFFICE		☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAVIDSON, JAMES E JR 101 EAST TOWN PLACE, SU ST AUGUSTINE FL 32092 TD GIL, EDUARDO 101 EAST TOWN PLACE, SU ST AUGUSTINE FL 32092	ITE 200	DELETE DELETE .	1.1 TITU 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITU 2.2 NAM 2.3 STF 2.4 CIT	ME Y-ST- LE ME REET A	ZIP ADDRESS		ADDITIONS/GHANGES TO OFFICE	- ş %:	☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DAVIDSON, JAMES E JR 101 EAST TOWN PLACE, SU ST AUGUSTINE FL 32092 TD GIL, EDUARDO 101 EAST TOWN PLACE, SU ST AUGUSTINE FL 32092 SD	ITE 200	DELETE	1.1 TITU 1.2 NAM 1.3 STF 1.4 CIT 2.1 TITU 2.2 NAM 2.3 STF	ME Y-ST- LE ME REET A	ZIP ADDRESS		ADDITIONS/GHANGES TO OFFICE	- ş %:	☐ Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DAVIDSON, JAMES E JR 101 EAST TOWN PLACE, SU ST AUGUSTINE FL 32092 TD GIL, EDUARDO 101 EAST TOWN PLACE, SU ST AUGUSTINE FL 32092 SD	ITE 200	DELETE DELETE .	1.1 TITL 1.2 NAM 1.3 STF 1.4 CITT 2.1 TITL 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAM	ME REET A Y-ST- LE ME REET A Y-ST- LE	ZIP ADDRESS		ADDITIONS/GHANGES TO OFFICE	- ş %:	☐ Change	☐ Addition
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CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS

904.5405050