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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003293

1. Corporation Name

SAINT JOHNS NORTHWEST MASTER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

101 EAST TOWN PLACE
SUITE 200
ST AUGUSTINE FL 32092
US

101 EAST TOWN PLACE
SUITE 200
ST AUGUSTINE FL 32092
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

06/20/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3392622

Not Applicable

City & State

City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIDSON, JAMES E JR
101 EAST TOWN PLACE
SUITE 200
ST AUGUSTINE FL 32092

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. CURRENT OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME DAVIDSON, JAMES E JR
STREET ADDRESS 101 EAST TOWN PLACE, SUITE 200
CITY-ST-ZIP ST AUGUSTINE FL 32092

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME GIL, EDUARDO
STREET ADDRESS 101 EAST TOWN PLACE, SUITE 200
CITY-ST-ZIP ST AUGUSTINE FL 32092

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME DAVIDSON, SHARON P
STREET ADDRESS 101 EAST TOWN PLACE, SUITE 200
CITY-ST-ZIP ST AUGUSTINE FL 32092

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME KELLY, VERNON
STREET ADDRESS 112 TPC BLVD
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BECKWITH, RUFFIN
STREET ADDRESS 21 WORLD GOLF PLACE
CITY-ST-ZIP ST AUGUSTINE FL 32092

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)