

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 10 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000003295 (0)

1. Corporation Name

SAINT JOHNS NORTHWEST COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

3370 INTERNATIONAL GOLF PARKWAY
 ST AUGUSTINE FL 32092
 US

3370 INTERNATIONAL GOLF PARKWAY
 ST AUGUSTINE FL 32092
 US

3. Date Incorporated or Qualified

06/20/1996

4. FEI Number

59-3392626

Applied For

Not Applicable

2. Principal Place of Business

21 101 East Town Place
 Suite, Apt. #, etc.

22 Suite 200

23 St. Augustine, FL

24 32092 25 U.S.

2a. Mailing Address

26 101 East Town Place
 Suite, Apt. #, etc.

27 Suite 200

28 St. Augustine, FL

29 32092 30 U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

DAVIDSON, JAMES E JR
 2385 INTERNATIONAL GOLF PARKWAY
 ST AUGUSTINE FL 32095-8427
 101 East Town Place
 Suite 200
 St. Augustine, FL
 32092

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number Is Not Acceptable)
 83
 84 City
 85 Zip Code
 FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DAVIDSON, JAMES E JR	
STREET ADDRESS	2385 INTERNATIONAL GOLF PARKWAY	
CITY-ST-ZIP	ST AUGUSTINE FL 32095-8427	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GIL, EDUARDO	
STREET ADDRESS	2385 INTERNATIONAL GOLF PARKWAY	
CITY-ST-ZIP	ST AUGUSTINE FL 32095-8427	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DAVIDSON, SHARON P	
STREET ADDRESS	2385 INTERNATIONAL GOLF PARKWAY	
CITY-ST-ZIP	ST AUGUSTINE FL 32095-8427	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KELLY, VERNON	
STREET ADDRESS	112 TPC BLVD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKWITH, RUFFIN	
STREET ADDRESS	112 TPC BLVD	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	101 East Town Place, Suite 200
1.4 CITY-ST-ZIP	St. Augustine, FL 32092
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	101 East Town Place, Suite 200
2.4 CITY-ST-ZIP	St. Augustine, FL 32092
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	101 East Town Place, Suite 200
3.4 CITY-ST-ZIP	St. Augustine, FL 32092
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	51 World Golf Place
5.4 CITY-ST-ZIP	St. Augustine, FL 32092
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/28/98
 Date
 914-240-5050
 Daytime Phone #

CR2E037 (5/98)