

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2002 8:00 am**  
**Secretary of State**

07-24-2002 90136 023 \*\*\*\*61.25

**DOCUMENT # N96000003295**

1. Entity Name

**SAINT JOHNS NORTHWEST COMMERCIAL PROPERTY OWNERS 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

3. Mailing Address

5455 AIA South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

St Augustine, FL

4. FEI Number

59-3392626

Applied For

Not Applicable

Zip

Country

Zip

Country

32080

St Johns

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **MAY-Management Service, Inc.**

475 West Town Place Suite 110

City **St. Augustine**

FL

Zip Code **32092**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIDSON, JAMES E JR 101 EAST TOWN PALCE STE 200 ST AUGUSTINE FL 32092	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIL, EDUARDO 101 EAST TOWN PLACE STE 200 ST AUGUSTINE FL 32092	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DAVIDSON, SHARON P 101 EAST TOWN PLACE STE 200 ST AUGUSTINE FL 32092	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLY, VERNON 112 TPC BLVD PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Davidson, Sheery 101 EAST TOWN PLACE SUITE 200 St. Augustine, FL. 32092	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARIANI, RICK 101 EAST TOWN PLACE SUITE 200 St. Augustine, FL. 32092	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARIANI, RICK 101 EAST TOWN PLACE SUITE 200 St. Augustine, FL. 32092	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWWELL, TIM 101 EAST TOWN PLACE SUITE 400 St. Augustine, FL. 32092	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Rodriguez, JOHN 17014 A.C. SKINNER PKWY, SUITE 290 JACKSONVILLE, FL. 32254	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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 REQUIRED**

CR2E037 (4/02)