

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90050 034 \*\*\*\*61.25

**DOCUMENT # N96000003295**

1. Entity Name  
 SAINT JOHNS NORTHWEST COMMERCIAL PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business  
 101 EAST TOWN PLACE  
 SUITE 200  
 ST AUGUSTINE, FL 32092 US

Mailing Address  
 5455 A1A SOUTH  
 ST AUGUSTINE, FL 32080 US

90000000



01082008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3392626	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MAY MANAGEMENT SERVICE INC  
 475 WEST TOWN PLACE SUITE 116  
 SAINT AUGUSTINE, FL 32092

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	DAVIDSON, SHERRY
STREET ADDRESS	101 EAST TOWN PALCE STE 200
CITY-ST-ZIP	ST AUGUSTINE, FL 32092
TITLE	SD
NAME	PARIANI, RICK
STREET ADDRESS	101 EAST TOWN PLACE STE 200
CITY-ST-ZIP	ST AUGUSTINE, FL 32092
TITLE	VD
NAME	PARIANI, RICK
STREET ADDRESS	101 EAST TOWN PLACE STE 200
CITY-ST-ZIP	ST AUGUSTINE, FL 32092
TITLE	D
NAME	CROMWELL, TIM
STREET ADDRESS	101 EAST TOWN PLACE SUITE 400
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	D
NAME	RODRIGUEZ, JOHN
STREET ADDRESS	7014 AC SKINNER PKWY SUITE 290
CITY-ST-ZIP	JACKSONVILLE, FL 32256
TITLE	T
NAME	GIL, EDUARDO
STREET ADDRESS	101 E. TOWN PLACE, STE 200
CITY-ST-ZIP	ST AUGUSTINE, FL 32093

**DO NOT WRITE IN THIS SPACE**

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:**

*Eduardo Gil*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/08  
 Date

904.940.5070  
 Daytime Phone #