

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90124 037 ****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 32090
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-3392626**
Applied For Not Applicable

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**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *James E. Short* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIDSON, SHERRY 101 EAST TOWN PALCE STE 200 ST AUGUSTINE FL 32092	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARIANI, RICK 101 EAST TOWN PLACE STE 200 ST AUGUSTINE FL-32092	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PARIANI, RICK 101 EAST TOWN PLACE STE 200 ST AUGUSTINE FL 32092	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROMWELL, TIM 101 EAST TOWN PLACE SUITE 400 SAINT AUGUSTINE FL 32092	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, JOHN 7014 AC SKINNER PKWY SUITE 290 JACKSONVILLE FL 32256	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Eduardo Gil 101 East Town Place, Ste 200 St. Augustine, FL 32092	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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** **1/15/03** **904-940-8080**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/02)