

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010411

**FILED**  
**Jan 08, 2016**  
**Secretary of State**  
**CC6686322791**

**Entity Name:** SAINT JOHNS - SIX MILE CREEK WEST PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

245 RIVERSIDE AVE.  
SUITE 250  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

245 RIVERSIDE AVE.  
SUITE 250  
JACKSONVILLE, FL 32202 US

**FEI Number: 20-0484433**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VESTA PROPERTY SERVICES INC.  
245 RIVERSIDE AVE.  
SUITE 250  
JACKSONVILLE, FL 32202 US

*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.*

**SIGNATURE: ROBERT STEVENS**

**01/08/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           CASH, ALBERT  
Address        245 RIVERSIDE AVE.  
                  SUITE 250  
City-State-Zip: JACKSONVILLE FL 32202

Title           VP  
Name           MOORE, JODI  
Address        245 RIVERSIDE AVE.  
                  SUITE 250  
City-State-Zip: JACKSONVILLE FL 32202

Title           PRESIDENT  
Name           CLYCE, THOMAS LANCE  
Address        245 RIVERSIDE AVE.  
                  SUITE 250  
City-State-Zip: JACKSONVILLE FL 32202

Title           DIRECTOR  
Name           BASTOW, DOUGLAS C  
Address        245 RIVERSIDE AVE.  
                  SUITE 250  
City-State-Zip: JACKSONVILLE FL 32202

Title           SECRETARY  
Name           HOWARD, JACKI  
Address        245 RIVERSIDE AVE.  
                  SUITE 250  
City-State-Zip: JACKSONVILLE FL 32202

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS CLYCE**

**PRESIDENT**

**01/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date