## 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010411

Entity Name: SAINT JOHNS - SIX MILE CREEK WEST PROPERTY OWNERS

ASSOCIATION, INC.

**FILED** Apr 22, 2015 **Secretary of State** CC5817362203

## **Current Principal Place of Business:**

2806 N FIFTH ST **UNIT 403** 

ST AUGUSTINE, FL 32084

## **Current Mailing Address:**

2806 N FIFTH ST **UNIT 403** 

ST AUGUSTINE, FL 32084 US

FEI Number: 20-0484433 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

RIZZETTA & COMPANY, INC 2806 N FIFTH ST **UNIT 403** ST AUGUSTINE, FL 32084 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:

Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **TREASURER** Title VΡ

CASH, ALBERT Name Name MOORE, JODI Address 2806 N FIFTH ST Address 2806 N FIFTH ST

> **UNIT 403 UNIT 403**

ST AUGUSTINE FL 32084 ST AUGUSTINE FL 32084 City-State-Zip: City-State-Zip:

Title **PRESIDENT** Title **DIRECTOR** 

CLYCE, THOMAS LANCE BASTOW, DOUGLAS C Name Name

2806 N FIFTH ST Address 2806 N FIFTH ST Address **UNIT 403** 

**UNIT 403** 

City-State-Zip: ST AUGUSTINE FL 32084 City-State-Zip: ST AUGUSTINE FL 32084

Title **SECRETARY** Name HOWARD, JACKI Address 2806 N FIFTH ST

**UNIT 403** 

City-State-Zip: ST AUGUSTINE FL 32084

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.