

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010659

**Entity Name:** PORT ST. JOHN OWNERS ASSOCIATION, INC.**Current Principal Place of Business:**126 HOLLY BERRY LANE  
SAINT JOHNS, FL 32259**Current Mailing Address:**PO BOX 600196  
SAINT JOHNS, FL 32260 US**FEI Number: 65-1236225****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CURTIS & ASSOCIATES  
701 MARKET STREET  
UNIT 109  
ST. AUGUSTINE, FL 32095 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                      |
|-----------------|----------------------|
| Title           | PRESIDENT            |
| Name            | KARMASIN, BRAD       |
| Address         | 126 HOLLY BERRY LANE |
| City-State-Zip: | SAINT JOHNS FL 32259 |

|                 |                      |
|-----------------|----------------------|
| Title           | SECR                 |
| Name            | BERCKMILLER, HOLLY   |
| Address         | 121 HOLLY BERRY LANE |
| City-State-Zip: | SAINT JOHNS FL 32259 |

|                 |                      |
|-----------------|----------------------|
| Title           | TREA                 |
| Name            | JASPER, WILLIAM      |
| Address         | 129 HOLLY BERRY LANE |
| City-State-Zip: | SAINT JOHNS FL 32259 |

|                 |                      |
|-----------------|----------------------|
| Title           | VP                   |
| Name            | MICHALAKIS, YVONNE   |
| Address         | 145 HOLLY BERRY LANE |
| City-State-Zip: | SAINT JOHNS FL 32259 |

|                 |                      |
|-----------------|----------------------|
| Title           | DIRECTOR             |
| Name            | CAMERON, JAMES       |
| Address         | 132 HOLLY BERRY LANE |
| City-State-Zip: | SAINT JOHNS FL 32259 |

*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: WILLIAM A JASPER****TREASURER****01/19/2020**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date