

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000010659

**FILED**  
**Jan 30, 2023**  
**Secretary of State**  
**8454968797CC**

**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 VP  
Name KARMASIN, BRAD  
Address 126 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 SECRETARY  
Name MICHALAKIS, YVONNE  
Address 145 HOLLY BERRY LANE  
City-State-Zip: SAINT JOHNS FL 32259

Title PRESIDENT  
Name DIAZ, JUAN  
Address 133 HOLLY BERRY LN  
City-State-Zip: SAINT JOHNS FL 32259

Title DIRECTOR  
Name SHARPE, DEBORAH  
Address 140 HOLLY BERRY LN  
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 JASPER**

**TREASURER**

**01/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date