

2019 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	PATRICK, CARRIE
Address	125 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

02/12/2019

Electronic Signature of Signing Officer/Director Detail_____
Date