OSTEEN, FL 3				
Current Mai	ling Address:			
P. O. BOX 1	-			
OSTEEN, F	L 32764 US			
FEI Number: 59-2355292			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
MIGLIORETTO 420 SMITH RO. OSTEEN, FL 3				
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: DEBBIE MIGLIORETTO				
SIGNATURE	DEBBIE MIGLIORETTO		01/07/2	2022
SIGNATURE	Electronic Signature of Registered Agent		01/07/2 Date	
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			
	Electronic Signature of Registered Agent	Title		
Officer/Dire	Electronic Signature of Registered Agent	Title Name	Date	
<b>Officer/Dire</b> Title	Electronic Signature of Registered Agent ctor Detail : VP		DT	
<b>Officer/Dire</b> Title Name	Electronic Signature of Registered Agent <b>ctor Detail :</b> VP PELL, MARK VICE PRESIDENT P.O. BOX 189	Name	DT DANIELS, JANET 1161 PINEY WOODS TRAIL	
Officer/Direc Title Name Address	Electronic Signature of Registered Agent <b>ctor Detail :</b> VP PELL, MARK VICE PRESIDENT P.O. BOX 189	Name Address	DT DANIELS, JANET 1161 PINEY WOODS TRAIL	
Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent <b>ctor Detail :</b> VP PELL, MARK VICE PRESIDENT P.O. BOX 189 OSTEEN FL 32764	Name Address City-State-Zip:	DT DANIELS, JANET 1161 PINEY WOODS TRAIL OSTEEN FL 32764	
Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent <b>ctor Detail :</b> VP PELL, MARK VICE PRESIDENT P.O. BOX 189 OSTEEN FL 32764 PRESIDENT	Name Address City-State-Zip: Title	DT DANIELS, JANET 1161 PINEY WOODS TRAIL OSTEEN FL 32764 SECRETARY	

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: JANET DANIELS

TREASURER

01/07/2022

Electronic Signature of Signing Officer/Director Detail

### 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N35972

Entity Name: ST. JOHNS RIVER PARK PROPERTY OWNERS ASSOCIATION, INC.

# **Current Principal Place of Business:**

420 SMITH ROAD

# FILED Jan 07, 2022 **Secretary of State** 2109261464CC

Date