

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35972

**FILED**  
**Feb 03, 2021**  
**Secretary of State**  
**3892568204CC**

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

**Current Principal Place of Business:**

1090 PINEY WOODS TRAIL  
OSTEEN, FL 32764

**Current Mailing Address:**

P. O. BOX 1044  
OSTEEN, FL 32764 US

**FEI Number: 59-2355292**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WOODLEY, LUANNE  
1090 PINEY WOODS TRAIL  
OSTEEN, FL 32764 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 DP  
Name PELL, MARK  
Address P.O. BOX 189  
City-State-Zip: OSTEEN FL 32764

Title DT  
Name DANIELS, JANET  
Address 1161 PINEY WOODS TRAIL  
City-State-Zip: OSTEEN FL 32764

Title VD  
Name VEINO, RODNEY  
Address 1000 PINEY WOODS TRAIL  
City-State-Zip: OSTEEN FL 32764

Title DS  
Name WOODLEY, LUANNE  
Address 1090 PINEY WOODS TRAIL  
City-State-Zip: OSTEEN FL 32764

*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**

**02/03/2021**

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

\_\_\_\_\_  
Date